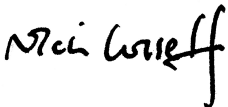


THE NHS IN NORTH CENTRAL LONDON	BOROUGHES: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: Overview of NHS NCL Commissioning Strategy and QIPP Plan 2011/12-2014/15	
REPORT OF: Nick Losseff, Consultant Neurologist and Clinical Director, NHS North Central London Senior Responsible Officer QIPP, NHS North Central London.	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	DATE: 25 March 2011
SUMMARY OF REPORT: This paper provides Members with an overview of the key components of NHS North Central London's Commissioning Strategy and Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2011/12-2014/15. CONTACT OFFICER: Anna Bokobza Assistant Director – Strategic Programmes NHS North Central London Anna.Bokobza@islingtonpct.nhs.uk	
RECOMMENDATIONS: The Committee is asked to note the contents of the report and the attached appendix, which is an extract from the NHS NCL Commissioning Strategy and QIPP Plan that gives additional detail on the individual initiatives planned.	
SIGNED:  Dr Nick Losseff Clinical Director, NHS North Central London DATE: 17 March 2011	

Overview of NHS NCL Commissioning Strategy and QIPP Plan 2011/12-2014/15

Introduction

This paper provides Members with an overview of the key components of NHS North Central London's (NCL) Commissioning Strategy and Quality, Innovation, Productivity and Prevention (QIPP) Plan for 2011/12-2014/15.

Development of the plan

Building on its existing Commissioning Strategy Plan, published in January 2010, the NCL Cluster commissioned a refresh of its plans in view of the new government agenda announced in the July White Paper together with a progressively more challenging financial position. This work has taken place in three key phases, in each case supported by a programme of stakeholder engagement:

1. The evidence underpinning the Case for Change was reviewed and updated between August and October 2010, when the draft was published entitled *Health and Health Services in North Central London. Now and into the future – 2011/12 to 2014/15* (www.ncl.nhs.uk);
2. An initial initiatives generation exercise took place between September and November 2010, to agree a long list of potential schemes that could be implemented to deliver the improvements required to address the quality and financial issues set out in the refreshed Case for Change;
3. A prioritisation framework was then applied to agree a shorter list of initiatives to be fully developed into robust programme and project plans, substantiated by detailed activity assumptions and financial savings estimates. A financial risk rating exercise was then completed, to inform the detail of the final plan submitted to NHS London on 7 March 2011.

Case for Change

The Case for Change clearly illustrates that doing nothing to change the way health services in NCL are commissioned is not an option:

- The “do nothing” scenario shows that the cluster will face a commissioning deficit in excess of £150m by the end of 2011/12, which would rise to a cumulative deficit of £730 million by 2014/15;
- There are additional financial risks to our healthcare providers that challenge their long-term sustainability. To date, only four of 11 Trusts have achieved Foundation Trust status;
- There are health inequalities between communities within the five boroughs;
- The quality of services varies across the sector;
- Primary care is underdeveloped relative to other areas and very variable;
- Our workforce needs to adapt in order to meet these challenges.

Key QIPP work streams

Our priority clinical areas have been identified from national, regional or local priorities where there are recognised issues with financial or workforce sustainability, either in terms of the current level of investment of levels or future demand, and/or quality of outcomes and patient experience. The list was developed and agreed in partnership with the GP commissioners of NCL.

Our programme of work can be grouped into a series of clinical priority work streams or cross-cutting QIPP themes as set out in the tables below.

Work stream	Savings identified 11/12 (£m)	Cumulative savings identified 11/12-14/15 (£m)
Clinical priority work streams		
Unscheduled care	1.9	26.6
Mental health	6.2	17.7
Care closer to home	4.9	6.4
Cancer	0	20.5
Cardiovascular	0.2	2.1
Maternity	TBC	TBC
Paediatrics	TBC	TBC
Cross-cutting QIPP themes		
Acute productivity	46.7	186.8
Medicines management	9.3	81.8
Management costs	10.1	71.4
Low Priority Treatments, decommissioning and thresholds	12.8	53.6
QIPP in Primary Care	2.1	4.2
Staying Healthy	TBC	TBC
Local PCT QIPP	14.1	56.6
Unidentified QIPP	25.0	230.5
Total	123.2	758.2
Surplus/(deficit)	(16.1)	93.6

The detail of the individual initiatives within each work stream, together with a summary of the Case for Change and the quality benefits can be found in Appendix 1 (extract from the NHS NCL Commissioning Strategy and QIPP Plan 2011/12-2014/15), which was shared with key stakeholders including local authority officers and councillors, GPs, LINK representatives, and service providers at the NCL Stakeholder Event on 3 March 2011.

Anna Bokobza
Assistant Director – Strategic Programmes
NHS North Central London
Anna.Bokobza@islingtonpct.nhs.uk