

Report To: Healthier Communities Select Committee

From: Martin Wilkinson, Managing Director, Lewisham Business Support Unit, NHS South East London

Date: 12th July 2011

Subject: QIPP (Quality, Innovation, Productivity and Prevention) Programme Update

Recommendations:

1. Background and Context

This paper represents an update on the paper presented to the Healthier Communities Select Committee at the 3rd March 2011.

On the 3rd March the paper and presentation outlined key health and service challenges and the financial challenges, especially the funding settlement not keeping pace with underlying increases in population need and improvement in treatments and outcomes sought.

It outlined the overall programme and the committee considered the schemes focused on acute care and mental health savings. Subsequently, the committee has considered more detail on the mental health savings. Previous reports to the committee have considered the PMS review affecting the overall cost of primary care services and the Urgent Care Centre proposal at the Lewisham hospital site of Lewisham Healthcare NHS Trust.

It was agreed that further reports would be on Community Health Services and Medicines Management and this report outlines these schemes.

Subsequent to the last report, Lewisham Clinical Commissioners and the Business Support Unit are developing proposals about improving the care for people with long term conditions, working with Lewisham Healthcare NHS Trust. The proposals for these are made in outline as further work is progressing.

Finally, the Select Committee chair requested scrutiny arrangements on South East London led schemes and a section on this is included.

2. The Lewisham QIPP Plan – Overall Progress

The Plan relating to Lewisham consists of a set of local and cluster-wide opportunities to improve quality and productivity aligned to our health and service challenges. The Healthier Communities Select Committee, in considering the mental health productivity plans at the meeting on 8th June, requested information on how the financial effects of the schemes for 2011/12 affect various categories of expenditure.

Category	2010/11 expenditure	QIPP 2011/12	Percentage
	£m	£m	%
Acute care	257.1	9.1	3.5%
Community Services	37.2	1.0	2.7%
Mental Health	74.6	1.5	2.0%
Other Health Client Groups	40.5	0.0	0.0%
Primary Care	60.9	1.0	1.6%
Prescribing	45.5	1.0	2.2%
Overheads	15.8	1.0	6.3%
Total	531.6	14.6	2.7%
Other includes LD (£10m), Other Health Client Groups (£30.5m),			

This demonstrates that there is a fairly even savings profile, except for other health client groups as, for instance, health services for people with Learning Disabilities where the focus is more on the improvement of quality and equality of access to mainstream services. Overheads have been targeted and this does not include the PCT transition savings from the reductions in overall management costs made at the end of 2010/11.

The savings are slightly lower than those reported at 3rd March as a review across South East London indicated that there was a slightly higher population growth and needs assumptions in Lewisham compared to other boroughs. When this was slightly reduced, the saving fell from £18m required to just under £15m. There are still growth assumptions underlying the plans.

Acute based projects have been to Healthier Communities Select Committee before viz:

- Clinical Assessment Service to avoid admissions and provide improved health and social care discharge.
- Urgent Care Centre on the Lewisham Hospital site due to open in late August
- GPs managing referrals to secondary care
- Sexual health

In addition to provide appropriate and more equal care to patients, acute trusts have been asked to meet various benchmarked standards. For example, patients presenting to A&E should not be admitted to hospital, unless necessary.

The mental health productivity schemes have been reviewed by the Select Committee in the last two committee meetings.

The following are specific updates:

a) Medicines Management

The key aspects of the approach to medicines management is:

- i. To deliver therapeutic changes consistently across Lewisham so that the most clinically effective treatments are prescribed and delivered by front line clinicians. This will be based on the best clinical evidence, especially from national bodies like NICE.
- ii. Once prescribed, there is further work to improve the systems, processes and information to assist people to take their medicines. National evidence indicates that not taking medicines results in older people and those with multiple long term conditions being disproportionately affected with more admissions to hospitals as a result. The plan is to develop systems for:
 - Care Homes
 - Dementia
 - The use of medicines aids, especially dosette boxes.
 - Systems relating to the interface between healthcare providers.

Patient and public engagement is made by lay representatives on the Lewisham Prescribing and Medicines Management Committee, which oversees this work. Furthermore, national bodies from which many of Lewisham's approaches stem, such as NICE have patient and public representatives in their work.

As the work on ii) above progresses it is planned to involve a wider range of users, especially those affected and their carers, to improve medicines uptake.

b) Community Health Services

The Community Services Contract has been reduced by £1m for 2011/12 and this has been focused on reducing expenditure that has minimal impact on patients.. There are 27 individual schemes, but the main themes are:

- Reducing management costs, especially non pay costs.
- Examining and reducing travel and subsistence and transport costs.
- Service redesign of health visiting in order to continue to deliver.
- Service redesign of paediatric services based on demand and capacity work to reduce waiting lists.
- Not filling a limited number of long term vacancies for 11/12.

The opportunity is to work with Lewisham Healthcare as an integrated Trust between acute and community services to provide care appropriately for patients. If the QIPP productivity savings are made, then the plan is to invest in 3

services in future years to provide appropriate services to patients. This relates to our developing plans for patients with long term conditions (see next section).

c) Long Term Conditions

The Lewisham Business Support Unit is developing three interrelated schemes relating to improving services for those with long term conditions:

- COPD – Improving care, especially at primary care and community services (community matrons and case managers) in order to improve care for patients with COPD, so that overall care and outcomes are improved and emergency attendances and admissions for these patients can be reduced.
- Proactive primary care – A pilot is proposed to contacting patients with long term conditions to improve self care. Contact can either be from case managers or from a commissioned voluntary sector provider. The evidence is that the more confident someone is in managing their care, the better the outcomes will be and, hence, the use of emergency and urgent services.
- A pilot of the use of telehealth or assistive technology to provide home monitoring and improved support to discuss results, so that patients can take more control of their condition. This will improve outcomes and reduce use of emergency services.

As these schemes are in development and pilot, there have been no savings attributed to these schemes at present.

As the COPD project has been longer in development there is a patient involved in the group, but there is further work to do to involve people in the pilots, especially the involvement of people who have completed the Expert Patient Programme.

3. South East London Stakeholder Reference Group and Scrutiny

The NHS South East London Stakeholder Reference Group (SRG) brings together the Overview and Scrutiny Chairs, LINKs, voluntary sector and NHS from South East London. The group's purpose is to advise the NHS on ways to improve stakeholder and patient and public engagement. The group plans to review the communication and engagement approaches for QIPP (quality, innovation, productivity and prevention) plans that are common across the area (for example Policies of Limited Clinical Effectiveness and treatment access) at the meeting in August. The outcome expected from this meeting will be agreement of how to strengthen engagement in QIPP, how best to engage with scrutiny committees on South East London wide issues as well as how best to communicate QIPP to patients and the public.

For further information, please contact:

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