NHS Harrow
Strategy and Savings Plan / 2011-12 Work Streams
31st August 2011

Context

NHS Harrow is fully engaged with the nationwide QIPP (Quality, Innovation, Productivity & Prevention) programme, which aims to save around £20bn in the NHS as a whole while increasing the quality and efficiency of services provided. Our strategy in Harrow is aimed at ensuring the health services we have, are designed to meet the needs of our population and provide NHS Harrow with quality, value for money services within our resources available. NHS Harrow currently has an underlying deficit of £51m and delivery of the 2011/12 QIPP plans will help towards (but not fully address) Harrow achieving a sustainable financial position. The Harrow QIPP savings plan for 2011/12 is a net saving of £14m (4% of our total budget).

In parallel with QIPP delivery in 11/12, Harrow PCT is in a transition period to hand over the commissioning of health services to our clinical commissioners. Clinical commissioners have been involved with the development and implementation of our 11/12 initiatives since their development. Our Clinical Commissioning Board, which has 7 GP members is actively involved in supporting the QIPP delivery both by initiative review at our Clinical Commissioning Board and by each having key initiatives that they are the Clinical Responsible Officer (i.e. clinical lead).

During the first half of 2011 the emphasis has been on redesigning services with a focus on intermediate care, community services, urgent care and planned care pathways. Each project has a clinical lead as well as a Director as Senior Responsible Officer and Project Manager from the PCT. The focus of the 11/12 QIPP plan is now moving towards sign off of the agreed plans and implementation of each of the initiatives.

Engagement and involvement of key stakeholders has taken place within each individual project. There have been various workshops for stakeholders involved and for example, intermediate care held three different events with participants from across the entire health economy to shape how the redesigned service should operate.

A select number of projects are contractual, such as those initatives that have been negotiated with our acute trusts and where we expect a certain performance (such as a specific ratio of new to follow up outpatients).

The Harrow QIPP plan for 2011/12 has been divided into 4 main areas with numerous projects contributing to each area:

• Planned Care	£5.6m	
• Urgent Care	£2.6m	
• Mental Health	£2.6m	
• Primary Care	£2.3m	(inc. Prescribing)
• Other	£0.9m	
	£14m	

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Planned Care

Key projects

- Outpatient pathway redesign
- Appropriate management of outpatient referrals
- Direct Access Physiotherapy (in the community)
- Acute Commissioning Efficiencies (performance)
- Community Services Efficiencies

Outline

The projects included in the planned care savings focus on redesigning pathways, referrals for specialist "outpatient" care and offering alternative services in the community. There is a Planned Care Steering Group led by members of the CCB which has been reviewing options for referral management – peer reviews and centralised referral management systems to ensure referrals are appropriate. They are due to report to the CCB and NHS Harrow Board in September. Members of the planned care group are also leading on pathway review and redesign for existing community based services such as dermatology to ensure we are receiving value for money and follow evidence based best practice.

Our physiotherapy pathway redesign has been implemented with a provider in the community, providing good access on a number of sites across Harrow and high quality provision at a reduced cost. This is a well regarded cost effective and clinically appropriate alternative to acute provision.

To support our GPs all practices now have access to a web based information tool which gives patient level data on GPs use of secondary care, enabling them to monitor activity and specific areas of spend for budgets that they have direct influence over. This allows GPs to target their efforts and provide feedback for discussions regarding where service redesign effort would be best spent.

NHS Harrow is part of NHS North West London Cluster which has an Acute Commissioning Vehicle (ACV) to manage our acute contracts. This year the projects where the ACV has identified potential efficiency savings are outpatient new to follow up ratio, daycase / outpatient procedure ratio, out of cluster efficiencies and planned procedures not carried out. These are contractual changes with our acute providers to ensure they are delivering care efficiently on our behalf. Planned procedures with a threshold is a cluster wide project where referrals for a collection of procedures is managed through a process to ensure the required protocols have been followed in the community prior to referral to acute care.

We are working in partnership with our community service provider to adapt services so that they align to Harrow's GP practice grouping arrangements and to ensure the services are efficient, appropriate to need and operate within our resource constraints. This project focuses on delivering a 15% efficiency across the community service provider services.

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Key outcomes

- Shorter, more productive and more efficient pathways for patients (appropriate care in the appropriate setting).
- Value for money in community services that adhere to service specifications set by the commissioners.
- Acute hospitals achieving agreed performance levels.
- Redesigned community teams that are efficient and aligned to patient requirements and our GP structure.
- Information available to our GPs on current budget performance to support redesign.

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Mental Health

Key projects

- Mental Health Repatriation
- Central and North West London (CNWL) Service reconfiguration

Outline

The Harrow Mental Health Modernisation Board (MHMB) supported by the mental health commissioning leads brings together statutory health and social care commissioners, independent and third sector service providers, service users and carers, to work collaboratively to review and improve the mental health and wellbeing of the population of Harrow. The Board has strategic and advisory functions in the development of future mental health provision, pathways of care and the delivery of the NHS Harrow QIPP programme. The MHMB are also working as a local stakeholder group to identify and shape future commissioning intentions for 2012/13.

The majority of mental health services in Harrow are provided by Central and North West London Mental Health Trust (CNWL); as such NHS Harrow has worked collaboratively with CNWL to deliver projects that will create beneficial change for service users as well as support our savings requirement for 11/12.

A key project has been to support the repatriation of mental health clients back from out of borough arrangements back into the Harrow. This is for clients who were originally placed out of borough where there was no local capacity for required services at that time. Work is being undertaken within the MHMB and identified sub groups to ensure that local service provision will support repatriated Harrow clients once they have returned. The repatriation of Mental Health clients focuses on moving them into more appropriate care settings to prevent further deterioration of health.

Key outcomes

- More appropriate and beneficial mental health provision for service users leading to better and more supported discharge with a shorter length of stay in complex care settings.
- Reorganised mental health teams.
- Reorganised services aligned to patient need/pathways.
- Patients receiving appropriate care in the local care settings.

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Urgent Care

Key projects

- Intermediate Care (to reduce Non-Elective Admissions and A&E attendances)
- Urgent Care Centre (Northwick Park) – redesign and changing specifications
- Case Management

Outline

Revised care pathways will be implemented to ensure that future service provision has the capacity to reduce our population's reliance on our acute hospital services and to ensure that service users and carers have good quality care available in the most suitable location. To reduce non elective admissions we need to make sure that these services are commissioned and managed in the most cohesive way to form part of an integrated care pathway with much closer working between primary care, community services, acute care and social services.

Our redesigned integrated care model will adopt an integrated service operating mainly in the community but with acute 'in-reach' function. The pathway is built on the successful Brent STARRS (Short Term Assessment, Rehabilitation & Reablement Services) model but has been adapted locally to work with established Harrow services. The clinically driven Intermediate Care model has the following key aspects:

- A Single Point of Access – operating from 8 am to 8 pm, seven days per week;
- Rapid response, step up and step down beds, rehabilitation and reablement to support patients return to health;
- Strengthen clinical accountability along the patient pathway and as they exit the care pathway and appoint a responsible consultant;
- Re-prioritise clinical workload so that existing teams focus more on avoiding acute hospital admission
- Redistribute and target current Intermediate Care resources to ensure that admissions are avoided in the first place and thereby better meet our population's needs

We are working with our existing providers to establish whether they are willing to collaborate to deliver the services required to a revised specification to an appropriate quality standard and cost.

NHS Harrow is currently examining the Walk-In centre provision across the borough. This study has evaluated the current use of these services and has identified areas of double running costs. We are currently negotiating with all three Walk-In centre providers to operate to a revised specification.

A review of the Northwick Park Urgent Care Centre has been undertaken to define a revised specification which will better meet the current demand. In practice, this will involve increasing capacity, lengthening opening hours and broadening the clinical scope of the service to ensure that it is able to treat a wider range of patients. It is anticipated that a significant proportion of current A&E activity could then be transferred across to the UCC, freeing up space for more serious cases, improving clinical outcomes for patients and reducing costs. We are working with our providers to see if they are willing to work to the new specification.

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Plans are being developed to formally introduce Case Management across Harrow enabling effective identification of high-risk patients and allowing us to proactively manage them in primary care using multi-agency teams (including health and social services). This in turn will prevent additional non-elective admissions from occurring as community pathways are developed to support patients and their cares in the community. This project is yet to start and we are waiting on the evaluation of a similar project implemented in Brent to inform how best to accomplish this in Harrow.

Key outcomes:

- A seamless pathway of [intermediate] care to improve patient experience and service quality
- Seamless transition of care to social care reablement, supporting the patient in their home
- Improved working relationships between the PCT, NWLHT and community services
- Walk in Centres providing a value for money urgent care service
- Allowing patients to be treated in a more appropriate care setting, thus reducing cost and the likelihood of needing additional (often more complex care) later on
- Reducing acute admissions
- Providing the right care, by the most appropriate person, in the right setting ensuring consistent responses at the first point of contact;
- Primary care clinicians at the front of A&E to direct and triage patients. Access for A&E walk-in patients will be via the Clinical Streamer if appropriate;
- Seeing and treating all patients within 4 hours of their arrival at the service;

Primary Care

Main projects

- GP Efficient prescribing

Outline

The vision for prescribing is to achieve evidence based cost effective prescribing so that each practice will achieve the best clinical outcomes for patients resulting in disease prevention and effective primary care management. This will be achieved through delivery of evidence based cost effective prescribing. There is a clearly defined process for engaging with key stakeholders in the health economy via acute trust Prescribing Committees and the local Medicines Management Committee. We have identified 16 targets agreed by GPs to reduce our prescribing spend each concentrating on areas where Harrow performs worse than other areas of the country.

There is active engagement with practices to influence and change prescribing behaviour through peer review groups (each one lead by a Clinical Director) to continually raise quality; practice evidence based medicine; achieve clinical outcomes and QIPP prescribing savings.

Key outcomes

- Prescribing peer reviews (GP to GP).
- Recommendations for all GPs on cost effective prescriptions.
- Effective prescribing to facilitate achievement of clinical outcomes in QoF

Other project areas

As part of achieving our QIPP saving for 11/12 we have reviewed all budgetary spend of NHS Harrow and in some areas have needed to reduced our spend to live within a reduced budget. This has included ceasing a local incentive scheme paid to GPs, revising our public health budget and not procuring a new dental practice.

Summary

Our QIPP saving requirement for 11/12 is £14m which has been identified across a number of key areas. We have worked with our key stakeholders to develop and redesign many of our services to be able to deliver this level of saving within year.

We are several months into 11/12 and the current indications for delivery of these plans at month 4 indicates we are predicting delivery of £12m by year end. The areas where we are indicating a shortfall in delivery are being addressed by NHS Harrow, our CCB and project teams to be able to rectify this position.

We have recently started planning to support our need to achieve balance in 2012/13 and we are predicting the need to deliver savings of £30m (based on estimated income projections). To be able to accomplish this level of saving we must re-evaluate how we provide healthcare across Harrow to ensure it is provided appropriately, in the most appropriate care setting with services that offer value for money.

We will be sharing our plans as they develop through the most appropriate means including the shadow health and wellbeing board.

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