

“High Quality Care for All”

Empowering clinicians to lead the change

Clinical Leadership for Quality: NHS South West

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# Background

- NHS Next Stage Review, led by Lord Darzi. The NHS should be:
  - Fair
  - Personalised
  - Effective
  - Safe
- All 10 Strategic Health Authorities set up clinical pathway groups
- Strategic visions published May/June 2008

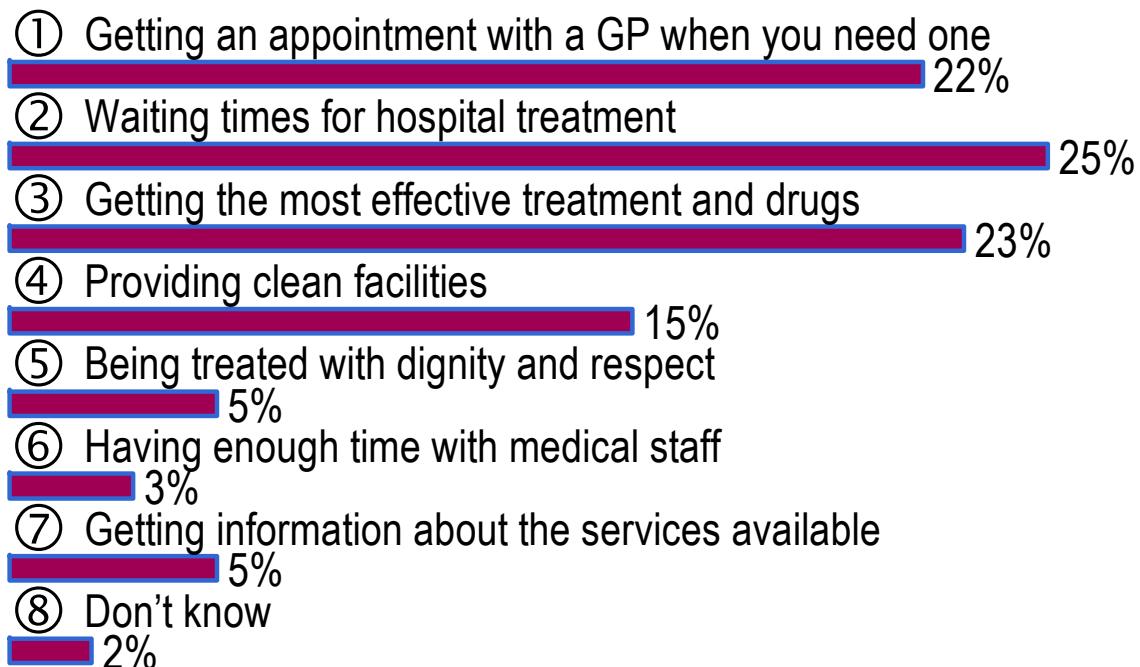
# Priorities for patients and public



## Polling question

Which one is the most important?

Pick one only

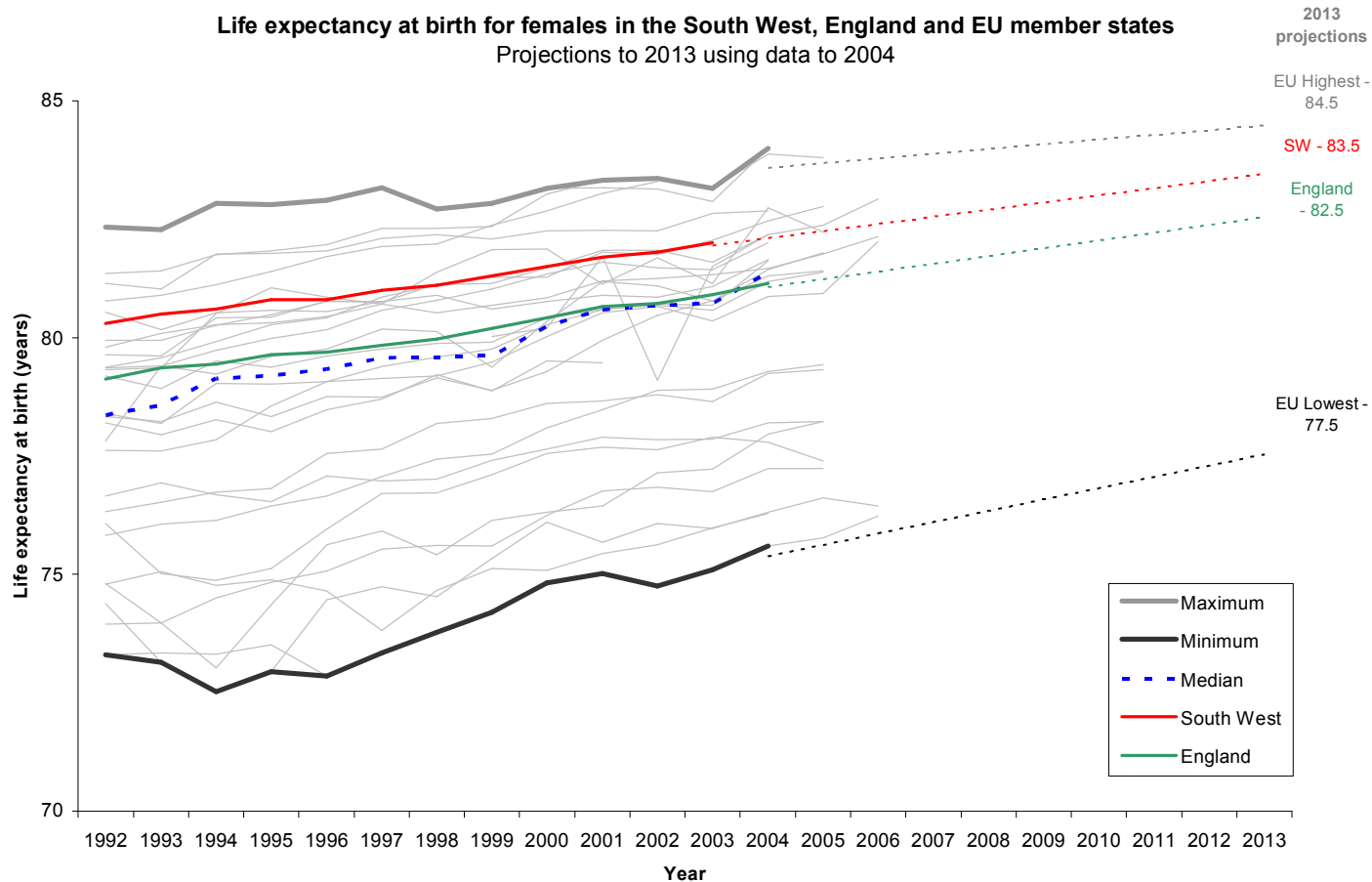


## NHS SOUTH WEST HAS SET ITSELF AMBITIOUS GOALS AS PART OF THE NHS NEXT STAGE REVIEW



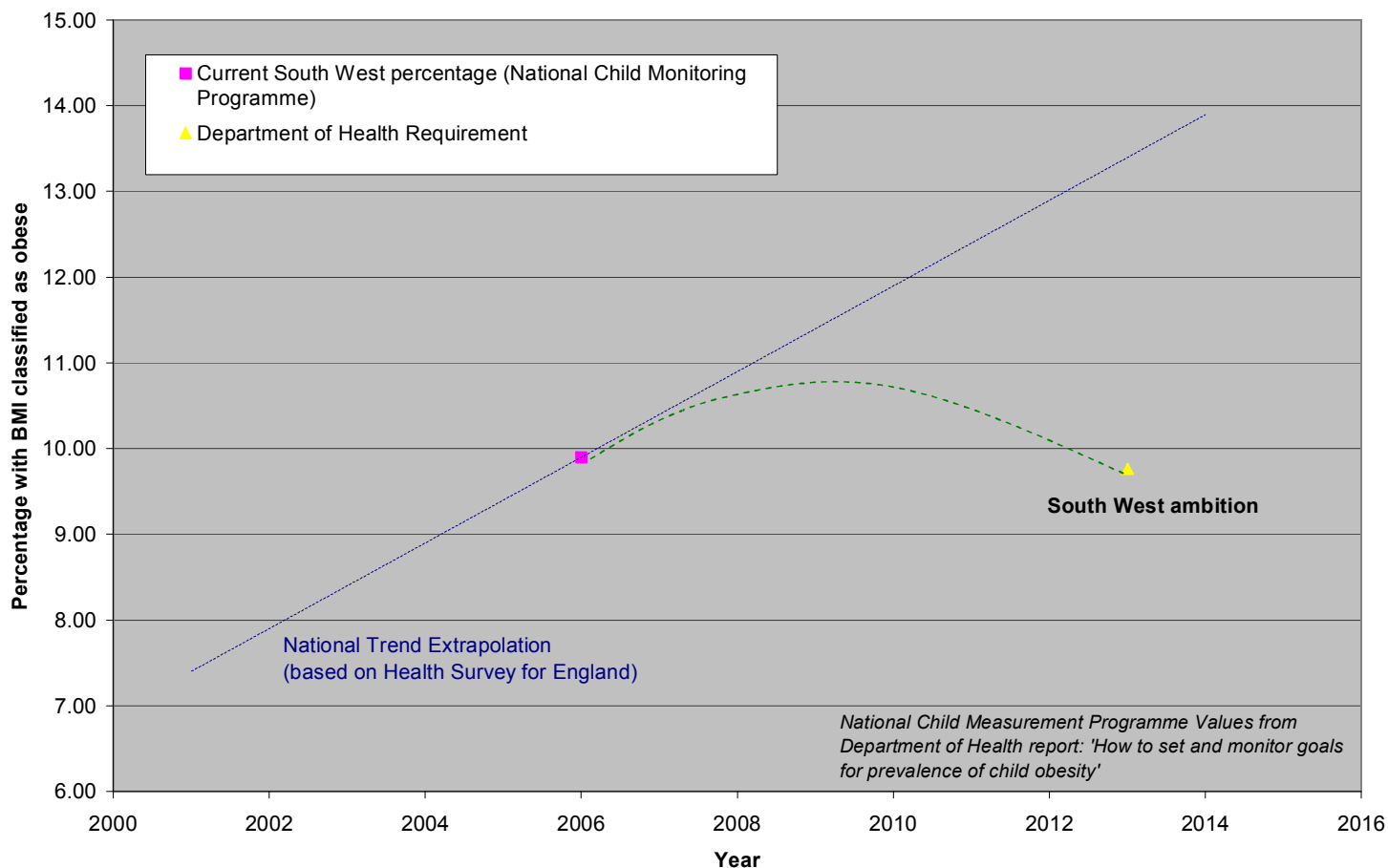
- We will match the highest life expectancy in Europe by 2013
- We will reduce smoking levels in the South West to equal the best in Europe by 2013
- We will reverse the trend in childhood obesity to achieve a clear downward trend in the level of childhood obesity by 2013
- We have set the UK's most stretching ambitions for referral to treatment waiting times (8 weeks)

# Life expectancy to equal the best in Europe



# Reverse the upward trend in childhood obesity

Prevalence of Obesity in Reception Year Children





# Staying healthy

## **South West ambitions:**

- Reduce the inequalities in life expectancy by one third
- Reduce mortality rates for cancer, heart disease and stroke
- Achieve highest fruit and vegetable consumption in England



# Long-term conditions

## **South West ambitions:**

- A community health campus run by lay people in every PCT
- All people to have a personalised care plan supporting their self-care
- Reduce emergency admission for falls by 30%



## Planned care

### **South West ambitions:**

- 90% of diagnostic tests completed within two weeks by 2011
- Maximum 8 week wait for 90% of admitted patients and 95% of non-admitted patients by 2011
- Achieve National Cancer Reform Strategy two years ahead of national timetable



## Acute care

### **South West ambitions:**

- 10% reduction per year in Emergency Department attendances
- Maximum two hour wait in Emergency Departments by 2011
- CT/MRI scans for stroke patients within 30 minutes, 7 days a week by 2010
- 90% of heart attack patients given primary angioplasty receive it within two hours by 2011

# Implications for care delivery

This will mean:

- major shifts towards primary care and community services
- greater integration of health and social care
- well managed service change without the need for contentious reconfiguration
- harnessing the latest evidence, best working practice, innovation and new technologies

WHAT DO OUR STAFF, PATIENTS AND  
COMMUNITIES THINK OF  
THE SOUTH WEST AMBITIONS?

- **Clinical engagement and ownership**

*Over 2,500 clinicians and staff contributed to developing the ambitions*

- **Very positive response to consultation**

*Around 1,500 people have commented during the consultation, most of whom have been supportive, calling the ambitions ‘important’, ‘exciting’, ‘inspirational’, ‘long overdue’*

- **Stretching and challenging**

*Wide scale recognition that much work needs to be done to be able to achieve these ambitions*

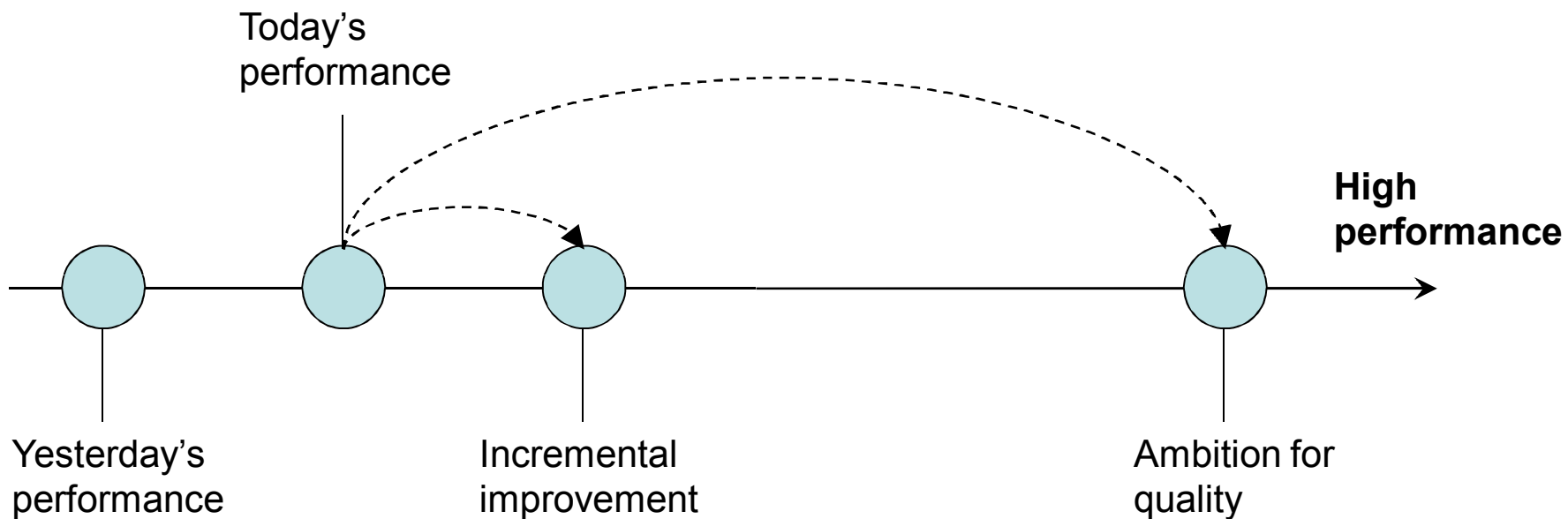
To deliver we have a good foundation for this through the work of the clinical pathway groups

## Clinical pathway groups have shaped the strategic framework for the South West



- We can build on the strategic framework and clinical pathway groups as we begin to shape our response to the QIPP challenge
- The clinical standing conference has a central role to play in helping us develop our strategy

# Mindset shift



# South West Clinical Pathway Groups

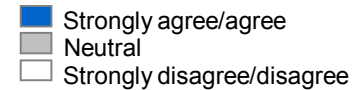
- A system designed to set ambition
  - A bit better than yesterday
  - A bit better than my neighbour
  - A bit better than my competitor
  
- Based on national and international evidence and best practice



# South West Clinical Pathway Groups

- Evidence based
- Comparison to best
- Clinically led
- Patient / User / Carer led
- Beyond organisational boundaries

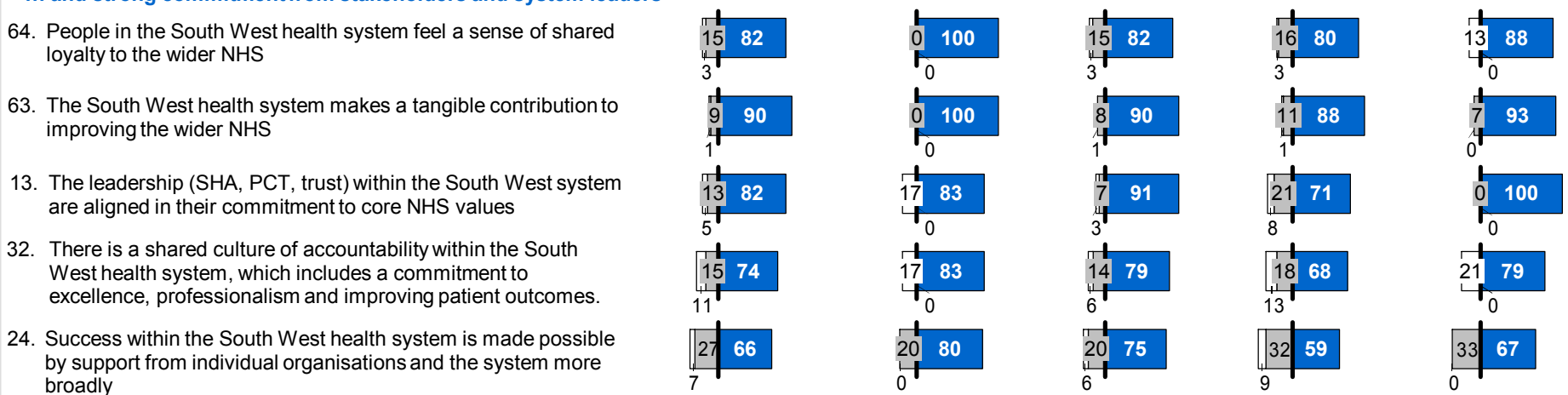
# What impact has your Strategic Framework had on Leadership ambition in the South West?



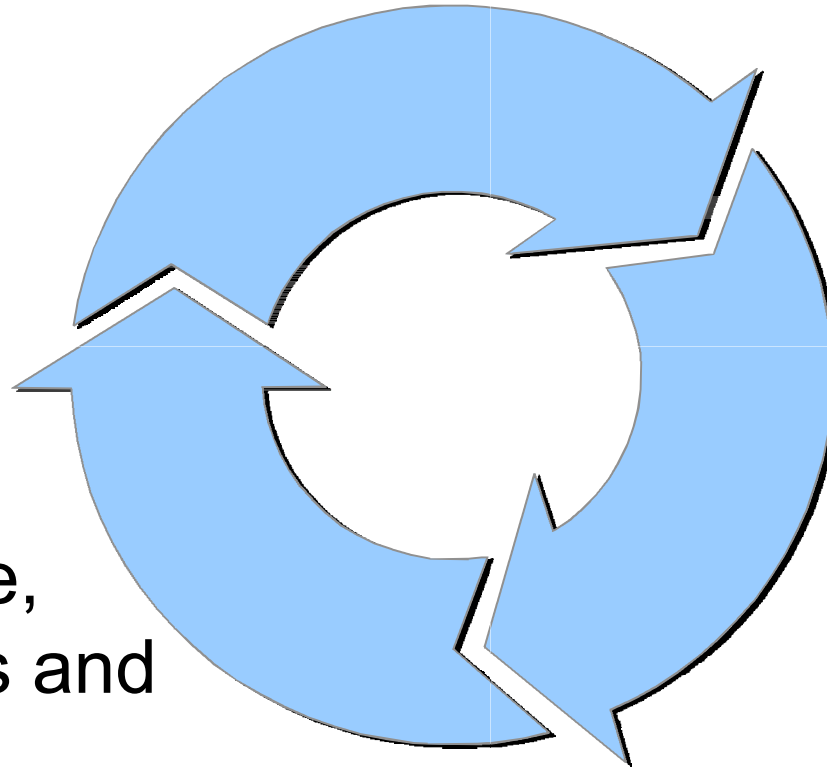
## There is wide support for the regional strategy...



## ... and strong commitment from stakeholders and system leaders



•Set ambitions



•Championing improvement

•Review evidence, progress and barriers

# Championing improvement in practice

## Stroke services

- Identified best practice
- Reviewed across the South West
- “Held up a mirror”

## Where it all started

House of Commons

Committee of Public Accounts

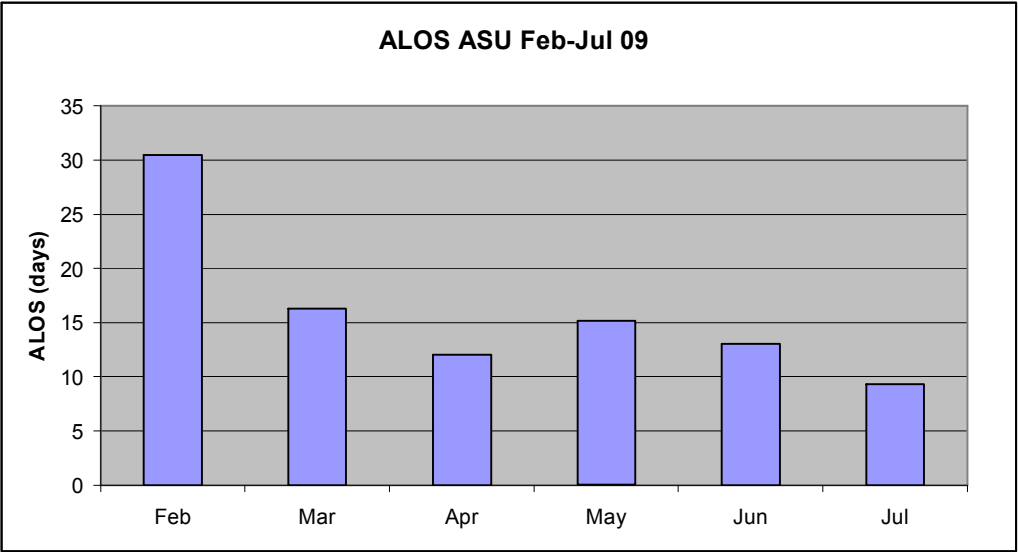
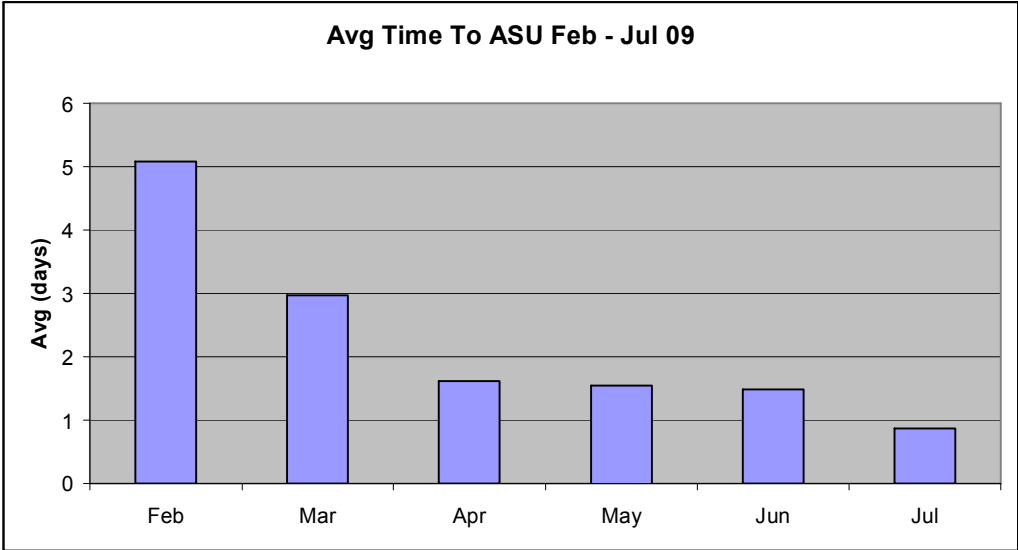
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**Reducing brain  
damage: faster access  
to better stroke care**

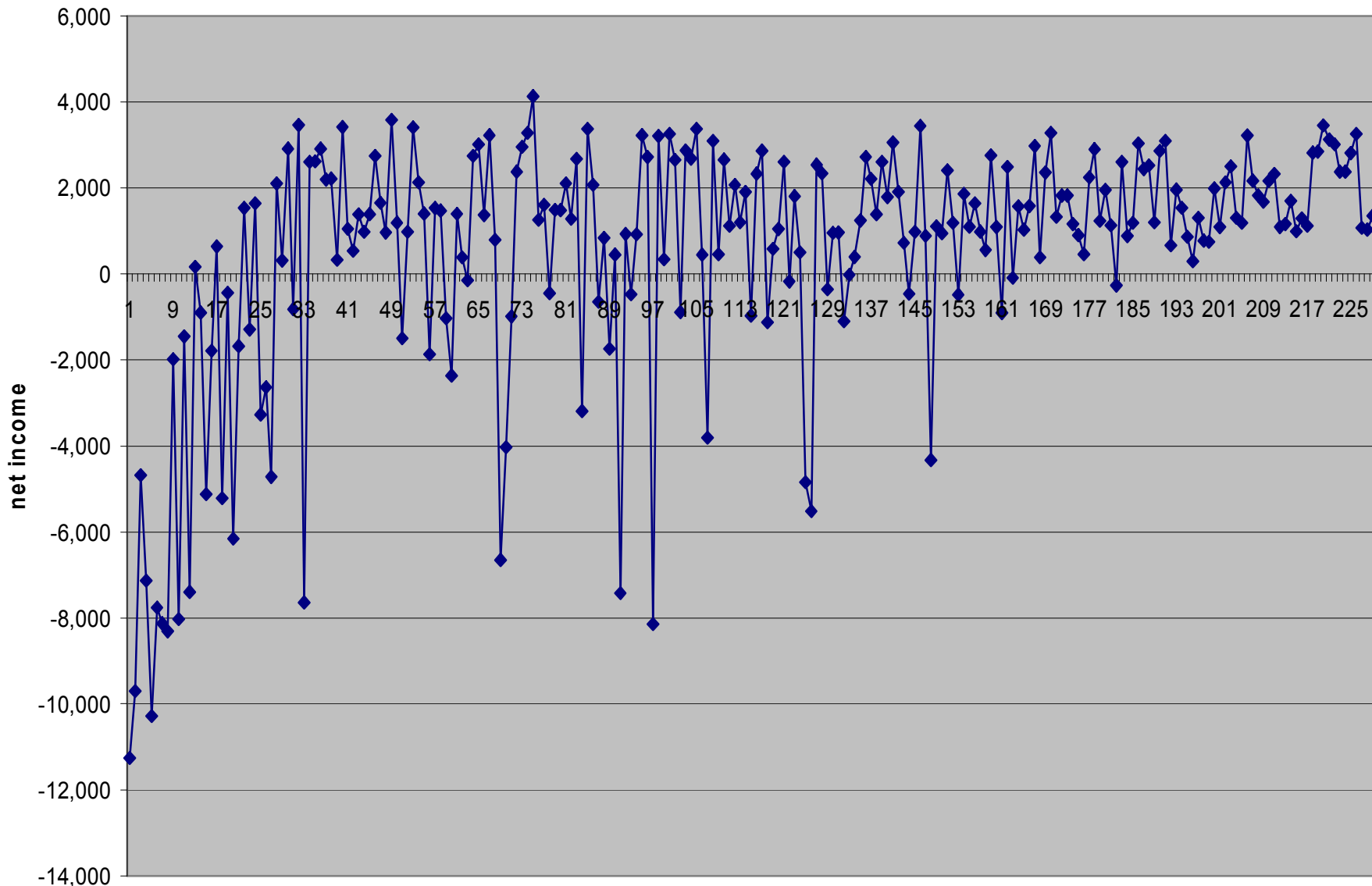
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**Fifty-second Report of  
Session 2005–06**

# Emerging benefits

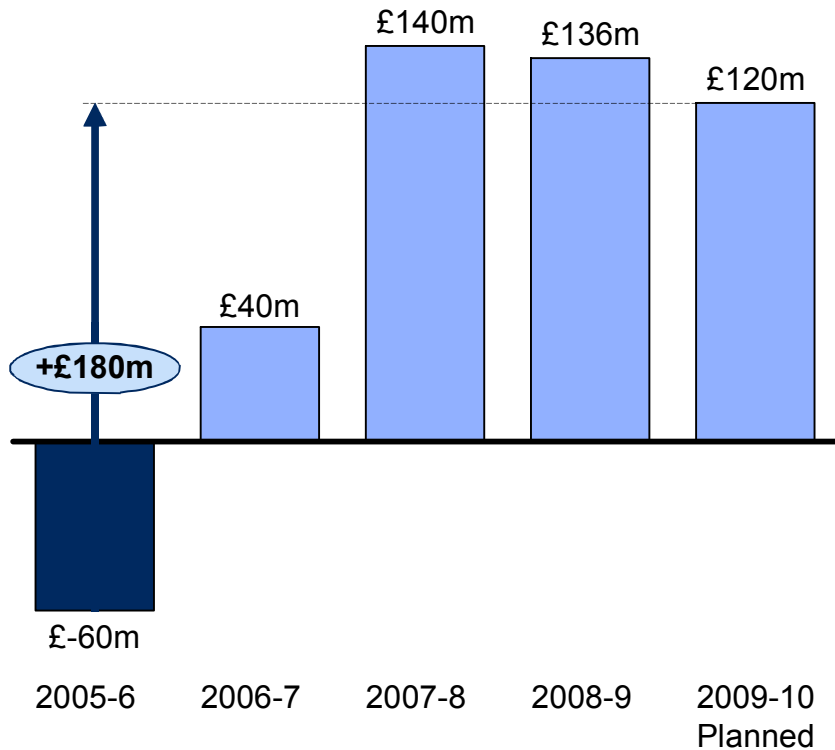


# Net income from stroke patients FY 09-10 M1-4



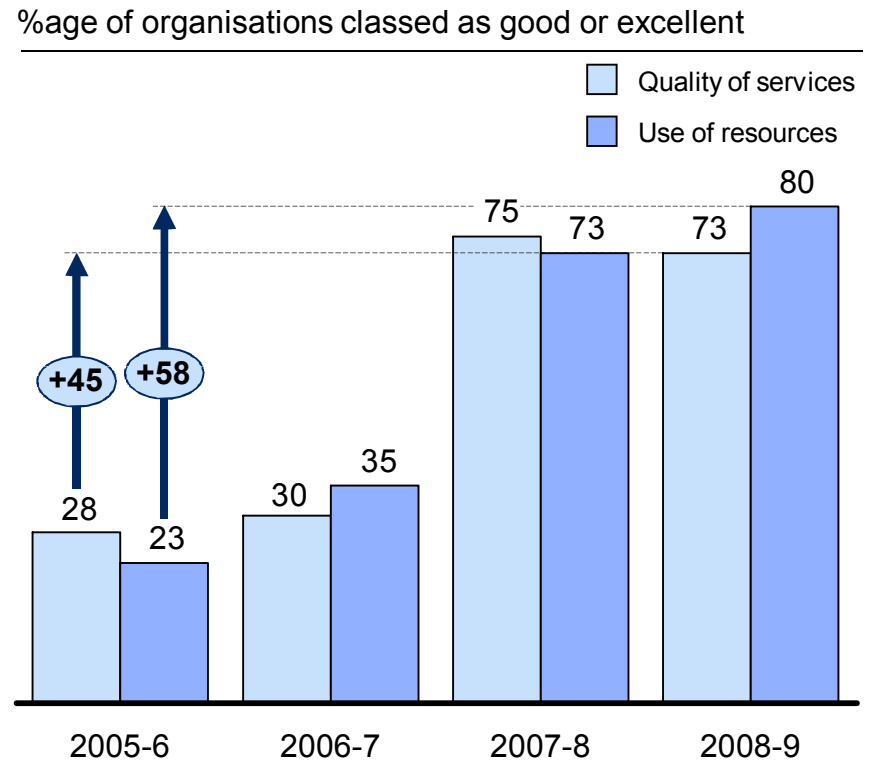
# Over the past 4 years NHS South West has radically transformed its financial performance and the quality of services provided

## Financial performance 2005/06 – 2009/10



- In the past 3 years NHS SW has gone from running a deficit in 2005-6 to returning a significant surplus exceeding £100m for the past 2 years

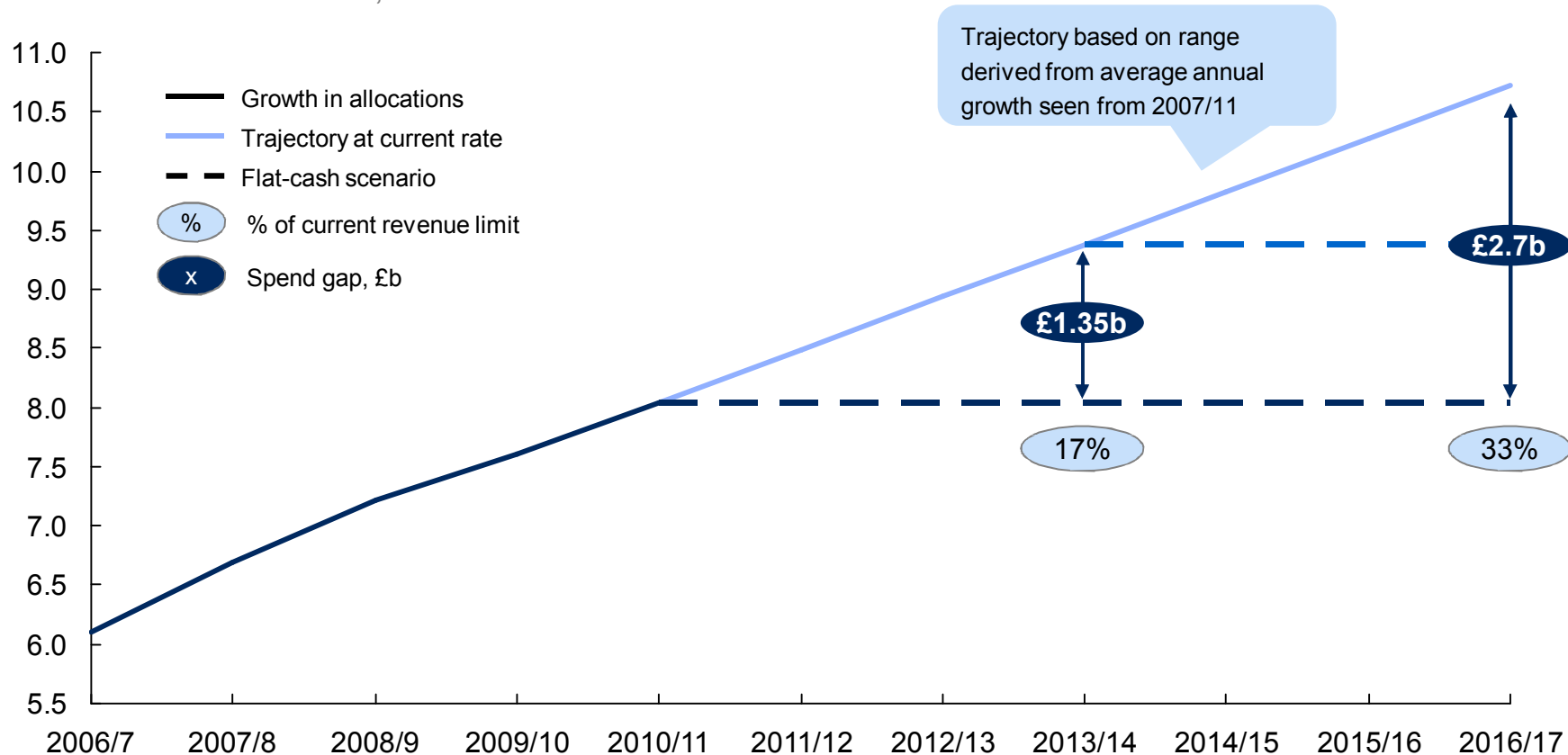
## Annual health check performance rating 2005/06 – 2008/09



- NHS SW has simultaneously shown significant improvement in both the quality of services and use of resources in HCC/CQC annual health checks

# Under a flat-cash scenario NHS South West will have to make productivity improvements of ~£1.35b in the first CSR period

PCT revenue limits, £bn



- Engagement and collaboration are essential elements to delivery
- Enormous scope to redesign services and reduce variation in the South West
- The challenge for the NHS is to manage growing demand, improve quality and patient safety and save money all at the same time



E.g. improved procurement

- NHS faces severe economic pressures and must nationally make cash savings of £15-20b
- This must be achieved whilst maintaining quality as the organising principle

# Quality Continuum

- Clinical effectiveness
- Safety
- Patient experience
- Access
- Eliminating waste
- Taxpayer value

## Between November and April, 8 working groups developed a set of prescriptions to deliver QIPP savings

### Working groups on QIPP

- 1 Shifting settings of care and optimising urgent care
- 2 Optimising elective care pathways
- 3 Best-practice care pathways for LTC
- 4 Improving prescribing
- 5 Improving Primary and Community care
- 6 Improving mental health
- 7 Improving learning disabilities
- 8 Improving non-clinical productivity

- Each group was tasked with developing a set of initiatives which could be scaled up across the South West and demonstrating how these initiatives could deliver QIPP targets in their local patch
- The following pages show outputs from these groups

# In order to deliver these improvements the groups will need to work together

## Clinical Pathway Groups

## QIPP working groups

**Primary focus**

Quality ambitions

Quality and productivity

**Secondary focus**

Quality and productivity

Quality ambitions

# Aligning Clinical Leadership

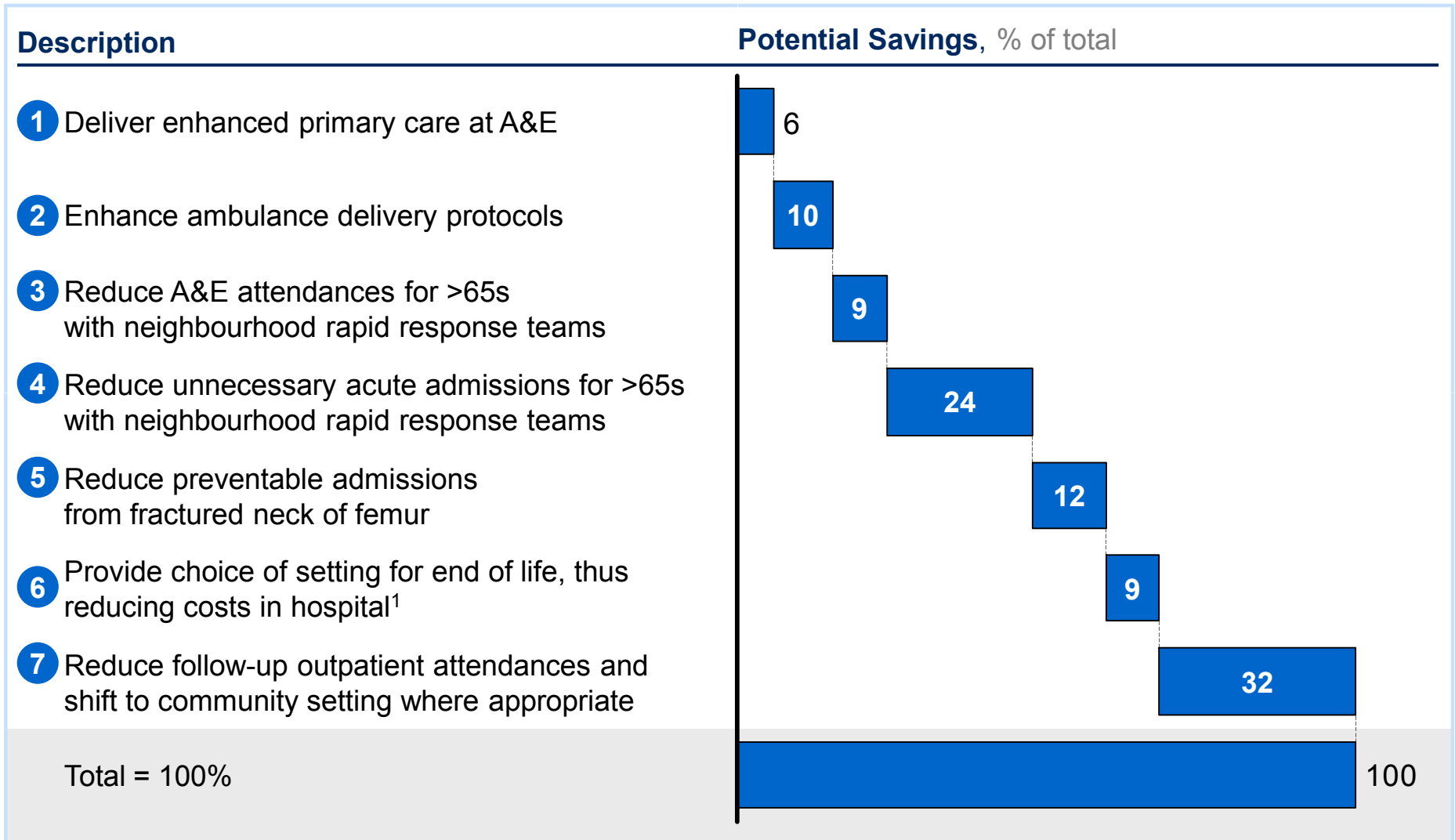
- Future focus of clinical leaders should be on clinical drivers needed to deliver quality, innovation, prevention and productivity
- Align clinical fellowships to deliver quality, innovation, productivity and prevention
- Align clinical excellence awards to delivery of quality
- Align research, education and training to delivery of quality, innovation, productivity and prevention

# Our opportunity

- A system designed
  - to deliver quality services to local people
  - for clinicians to excel
  - to focus on
    - Clinical leadership
    - Systematic implementation
    - Partnerships for quality: clinical / managerial

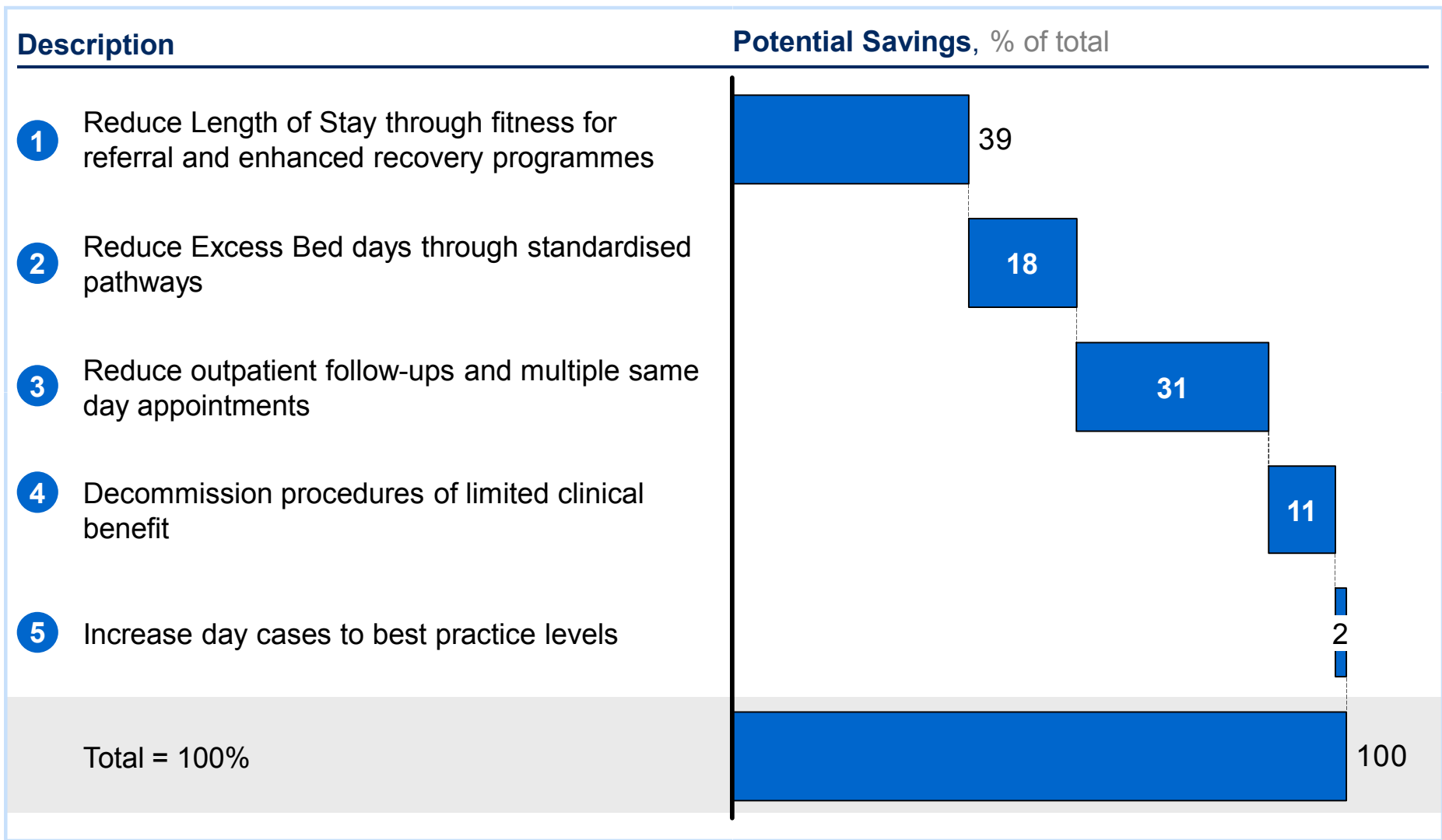


# 1 Shifting settings of care and optimising urgent care

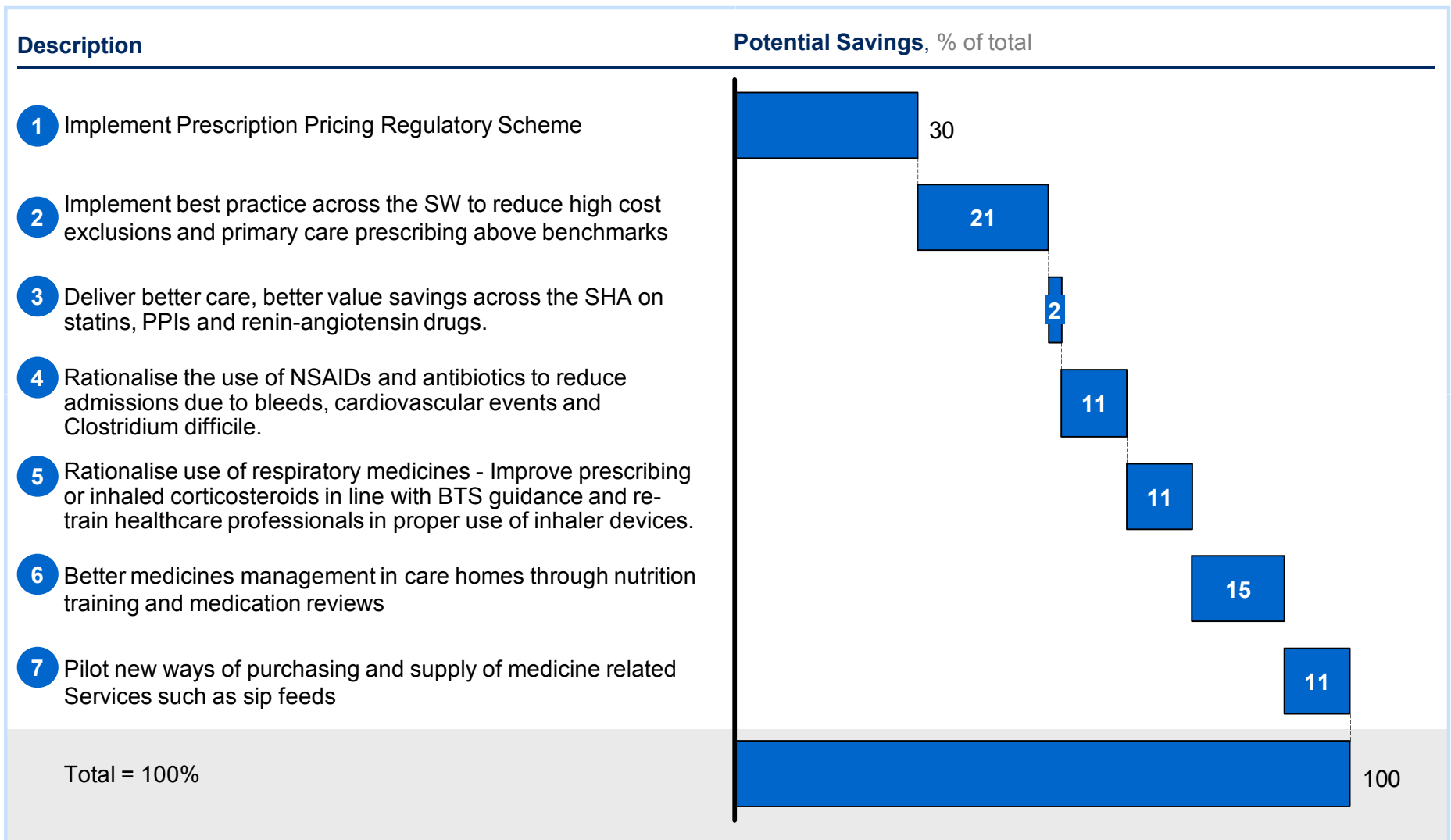


<sup>1</sup> Savings are achieved by reducing the costs associated with admission to hospital at end of life

## 2 Optimising elective care pathways



## 4 Improving medicines management



# 5 factors will enable PCTs to appropriately adapt and implement these initiatives in their patches to achieve the bottom-up savings identified

## 1 Clear and committed leadership

- Sufficient time commitment from CE to drive delivery, signal commitment and build partnerships
- Ownership mindset e.g. 'can-do', responsible attitude, owning the problem, demonstrating accountability for the solutions
- Confidence to take on the tough challenges

## 2 System-wide Partnerships

- Ensuring buy in at each stage of the process from clinicians and other stakeholders across the system e.g. PCT, Acute trusts, GPs, community health services, social care, patients and the public

## 3 Skills and capabilities of leads / analysts

- Structured problem-solving and analytical skills, including:
  - Ability to structure, disaggregate and prioritise issues
  - Data analysis skills, and ability to generate insight from data
  - Understanding of reasonable assumptions and comfort with ambiguity

## 4 Appropriate resources

- Overall project lead reporting to CE who is able to:
  - Demonstrate appropriate skill set (see below)
  - Dedicate sufficient time and focus to the group
- Additional analytics and supporting resources as required
- Access to robust data where available

## 5 Processes and enablers

- Well-defined process for constructing plan with clear leads and timelines
- Drawing on and codifying existing best practices, successful programmes and initiatives already underway
- Understanding of logical sequencing for implementation (e.g. capture all efficiencies before adding additional capacity)

# NHS South West is currently transitioning from QIPP phase 2 to QIPP phase 3

Once prescriptions are finalised, the next phase needs to focus on system wide implementation

## System wide implementation

## System architecture redesign

### Estimate potentials

- Build high level top down estimates to understand potential savings across the system
- Develop “Golden Rules” to give guidance for how to achieve these

### Deep dives to test potentials

- Develop and test potentials through pilots to build bottom-up understanding of what is possible
- Develop 8 x Detailed ‘prescriptions’ for delivering savings
- Understand single system implications for delivering prescriptions

- Ensure prescriptions are tailored to each health economy and are appropriately codified to allow adoption (112 tailored prescriptions)
- Develop 8-14 x system implications for delivering prescriptions
- Build capacity and capabilities to implement programmes

- Understand changes to system architecture required to sustainably deliver system-wide QIPP transformation
- Ensure any centralised, system-wide delivery structures are in place, e.g.
  - Risk stratification tools for commissioning
  - Primary care performance frameworks
- Design infrastructure for future delivery (commissioners and providers)

# Over a 4 month period, we will develop and define 14 prescriptions and build capabilities of ~70 leaders across NHS South West

