“High Quality Care for All”
Empowering clinicians to lead the change

Clinical Leadership for Quality: NHS South West

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Lisbon, 6 May 2010
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
Polling question
Which one is the most important?
Pick one only

1. Getting an appointment with a GP when you need one 22%
2. Waiting times for hospital treatment 25%
3. Getting the most effective treatment and drugs 23%
4. Providing clean facilities 15%
5. Being treated with dignity and respect 5%
6. Having enough time with medical staff 3%
7. Getting information about the services available 5%
8. Don’t know 2%
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

Life expectancy at birth for females in the South West, England and EU member states
Projections to 2013 using data to 2004

Sources: European Health For All database (HFA-DB) (data.euro.who.int/hfadb), Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk)
Reverse the upward trend in childhood obesity

Prevalence of Obesity in Reception Year Children

- Current South West percentage (National Child Monitoring Programme)
- Department of Health Requirement

National Trend Extrapolation (based on Health Survey for England)

South West ambition

National Child Measurement Programme Values from Department of Health report: ‘How to set and monitor goals for prevalence of child obesity’
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%
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
• 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

Yesterday's performance

Incremental improvement

Today's performance

Ambition for quality

High performance
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?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall (n = 193)</th>
<th>SHA (n=6)</th>
<th>PCT (n=77)</th>
<th>Provider (n = 93)</th>
<th>Govt Office &amp; Local Authority (n = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a discernable and coherent strategy for the South West health system as a whole</td>
<td>6 92</td>
<td>0 100</td>
<td>3 97</td>
<td>5 91</td>
<td>24 71</td>
</tr>
<tr>
<td>9. The future vision for the South West health system is sufficiently ambitious</td>
<td>5 93</td>
<td>0 100</td>
<td>3 97</td>
<td>5 91</td>
<td>19 75</td>
</tr>
<tr>
<td>2. The South West health system strategy is appropriately centered on health needs</td>
<td>14 83</td>
<td>0 100</td>
<td>10 86</td>
<td>17 81</td>
<td>18 82</td>
</tr>
<tr>
<td>3. The South West health system leadership has a clear perspective on how health needs vary across the SHA</td>
<td>23 72</td>
<td>17 83</td>
<td>23 75</td>
<td>28 66</td>
<td>12 88</td>
</tr>
<tr>
<td>10. There is clinical input into decision-making across the South West health system</td>
<td>15 81</td>
<td>0 100</td>
<td>16 79</td>
<td>17 81</td>
<td>9 82</td>
</tr>
</tbody>
</table>

... and strong commitment from stakeholders and system leaders

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<tr>
<td>64. People in the South West health system feel a sense of shared loyalty to the wider NHS</td>
<td>15 82</td>
<td>0 100</td>
<td>15 82</td>
<td>16 80</td>
<td>13 88</td>
</tr>
<tr>
<td>63. The South West health system makes a tangible contribution to improving the wider NHS</td>
<td>3 90</td>
<td>0 100</td>
<td>8 90</td>
<td>11 88</td>
<td>7 93</td>
</tr>
<tr>
<td>13. The leadership (SHA, PCT, trust) within the South West system are aligned in their commitment to core NHS values</td>
<td>13 82</td>
<td>17 83</td>
<td>7 91</td>
<td>21 71</td>
<td>0 100</td>
</tr>
<tr>
<td>32. There is a shared culture of accountability within the South West health system, which includes a commitment to excellence, professionalism and improving patient outcomes.</td>
<td>15 74</td>
<td>17 83</td>
<td>14 79</td>
<td>18 68</td>
<td>21 79</td>
</tr>
<tr>
<td>24. Success within the South West health system is made possible by support from individual organisations and the system more broadly</td>
<td>27 66</td>
<td>20 80</td>
<td>20 75</td>
<td>32 59</td>
<td>33 67</td>
</tr>
</tbody>
</table>

SOURCE: South West SHA System survey (n=193)
South West Clinical Pathway Groups

- 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

Reducing brain damage: faster access to better stroke care

Fifty-second Report of Session 2005–06
Emerging benefits

**Avg Time To ASU Feb - Jul 09**

Avg (days)

Feb | Mar | Apr | May | Jun | Jul

**ALOS ASU Feb-Jul 09**

ALOS (days)

Feb | Mar | Apr | May | Jun | Jul
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.

- 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

SOURCE: NHS SW Exposition Book 2006-11
The changing environment means we need to focus our efforts on improving quality and productivity at the same time.

- 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

E.g. improved procurement
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 QIIPP savings

- Shifting settings of care and optimising urgent care
- Optimising elective care pathways
- Best-practice care pathways for LTC
- Improving prescribing
- Improving Primary and Community care
- Improving mental health
- Improving learning disabilities
- 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 QIIPP 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

- **Primary focus**
  - Clinical Pathway Groups: Quality ambitions
  - QIPP working groups: Quality and productivity

- **Secondary focus**
  - Clinical Pathway Groups: Quality and productivity
  - QIPP working groups: 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
Shifting settings of care and optimising urgent care

1. Deliver enhanced primary care at A&E
2. Enhance ambulance delivery protocols
3. Reduce A&E attendances for >65s with neighbourhood rapid response teams
4. Reduce unnecessary acute admissions for >65s with neighbourhood rapid response teams
5. Reduce preventable admissions from fractured neck of femur
6. Provide choice of setting for end of life, thus reducing costs in hospital
7. Reduce follow-up outpatient attendances and shift to community setting where appropriate

Total = 100%

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

SOURCE: SW QIPP Group analysis
### Optimising elective care pathways

<table>
<thead>
<tr>
<th>Description</th>
<th>Potential Savings, % of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Length of Stay through fitness for referral and enhanced recovery programmes</td>
<td>39</td>
</tr>
<tr>
<td>Reduce Excess Bed days through standardised pathways</td>
<td>18</td>
</tr>
<tr>
<td>Reduce outpatient follow-ups and multiple same day appointments</td>
<td>31</td>
</tr>
<tr>
<td>Decommission procedures of limited clinical benefit</td>
<td>11</td>
</tr>
<tr>
<td>Increase day cases to best practice levels</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong> = 100%</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**SOURCE:** SW QIPP Group analysis
Improving medicines management

1. Implement Prescription Pricing Regulatory Scheme
   - Potential Savings: 30%

2. Implement best practice across the SW to reduce high cost exclusions and primary care prescribing above benchmarks
   - Potential Savings: 21%

3. Deliver better care, better value savings across the SHA on statins, PPIs and renin-angiotensin drugs.
   - Potential Savings: 2%

4. Rationalise the use of NSAIDs and antibiotics to reduce admissions due to bleeds, cardiovascular events and Clostridium difficile.
   - Potential Savings: 11%

5. Rationalise use of respiratory medicines - Improve prescribing or inhaled corticosteroids in line with BTS guidance and re-train healthcare professionals in proper use of inhaler devices.
   - Potential Savings: 11%

6. Better medicines management in care homes through nutrition training and medication reviews
   - Potential Savings: 15%

7. Pilot new ways of purchasing and supply of medicine related Services such as sip feeds
   - Potential Savings: 11%

Total = 100%

SOURCE: SW QIPP Group analysis
5 factors will enable PCTs to appropriately adapt and implement these initiatives in their patches to achieve the bottom-up savings identified

| 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 |
<table>
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<tr>
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<tbody>
<tr>
<td>System-wide Partnerships</td>
<td>▪ 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</td>
</tr>
</tbody>
</table>
| 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 |
| 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 |
| 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.

**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

**System wide implementation**
- 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

**System architecture redesign**
- 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

### 2010

<table>
<thead>
<tr>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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</thead>
<tbody>
<tr>
<td><strong>Develop system delivery models</strong></td>
<td>Run 8 initial pilots</td>
<td>Review and ‘localise’ prescriptions</td>
<td>Create 8-14 system delivery models</td>
</tr>
<tr>
<td><strong>System wide adoption and spread</strong></td>
<td>Identify 64 local QIPP leaders</td>
<td>Develop programme</td>
<td>Forum 1</td>
</tr>
<tr>
<td><strong>Agree 4 geographies for focus</strong></td>
<td></td>
<td></td>
<td>Forum 2</td>
</tr>
<tr>
<td><strong>Leadership support</strong></td>
<td>Hands on capability building and support for 4 QIPP themes in 4 geographies</td>
<td></td>
<td>Forum 3</td>
</tr>
<tr>
<td></td>
<td>Ongoing strategic conversations and support</td>
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