

Quality, Innovation, Productivity and Prevention within the NHS in Oxfordshire

1. Background

Overall NHS spending will increase by 0.4% in real terms to 2015. However, the government are also seeking £20bn in efficiency and productivity savings by 2014. Despite a 2.8% increase in funding for the NHS in Oxfordshire for 2012-13, there are more financial pressures than ever because:

- the population of Oxfordshire is growing, and more people are living on into old age;
- advances in technology mean that new (and generally more costly) medicines and treatments are becoming available all the time;
- patients and the public have higher expectations of care and treatment by the NHS;
- the costs of items such as medicines, food and petrol are increasing – inflation impacts on hospitals and other health care providers, as it does on all of us.

The impact of the above factors is that the NHS in Oxfordshire has to find efficiency savings of £100m over the next three years in order to continue to provide the current level of health services an enable investment in our key priorities.

2. Quality, Innovation, Productivity and Prevention

This difficult financial situation affects health care services across England, not just Oxfordshire, and the Department of Health has initiated a programme of work called *Quality, Innovation, Productivity and Prevention* (QIPP). This approach looks at how the NHS can protect and promote quality while releasing savings across health systems. It is the responsibility of all NHS health care providers in Oxfordshire to help deliver the local QIPP plan and NHS organisations across the county are already working together to respond to this challenge.

The Oxfordshire QIPP plan proposes changes to health care services that will provide high quality services to meet the health needs of residents, and that can be delivered within available resources. The QIPP plan drives the Oxfordshire Clinical Commissioning Group's (OCCG) 2012/13 Operational Plan. It also incorporates NHS Hospital Trusts' 'cost improvement' plans.

The NHS in Oxfordshire is one of the lowest funded in the country, receiving approximately £1,300 per person per year from the Department of Health. Our population is comparatively healthy but our forward plans require that we take account of the following key factors:

- a. The population of Oxfordshire is getting older – 100% increase in over 85s by 2029; 43% increase in over 65s by 2029,
- b. Health inequalities exist – whilst the county is affluent there are pockets of long standing deprivation. 1 in 4 children in Oxford live in poverty with a 15 year life expectancy gap in best and worst wards within the county,
- c. There is a growing number of people with long term conditions – 1 in 4 people experience poor mental health; 1 in 7 people have a long term condition and this is rising due to lifestyle factors and obesity.

3. Programme Vision

The QIPP plan has been developed to deliver the vision of improving the health and well-being of people in Oxfordshire by providing the best possible health services within the resources available. Collectively the NHS will do this by:

- Helping people to manage their own health through health promotion and ill-health prevention initiatives.
- Integrating health and social care teams in the community to ensure patients can access the right treatment when they need it.
- Reviewing the delivery of hospital care, and moving services to the community where it is clinically appropriate.
- Reviewing the provision of services that are shown to be less clinically ineffective and provide insufficient health benefits, and those that do not represent good value for money.

To deliver QIPP, the OCCG is working with other NHS Trusts, Oxfordshire County Council and voluntary organisations in Oxfordshire on a range of projects including:

- The Appropriate Care for Everyone (ACE) Programme to tackle the issue of delayed transfers of care and ensure older people are receiving the right care, at the right time and in the right place.
- Improved access to expert patient programmes for people with long term conditions so they can better manage their condition.
- Referral management within planned care for example the on-going implementation of a Musculoskeletal (MSK) Triage system which is for routine referrals for musculoskeletal problems. All referrals go through a consistent clinical triage system whereby they are assessed by a clinician; they are then either returned to the GP with advice on how to treat the patient in primary care for example their GP could be advised to administer joint injections as first line treatment; or they are referred onto a tier 2 triage which is a face to face appointment with a clinician who will look at the patient's problem and decide the diagnosis and treatment path or they are referred directly into secondary care to the provider of the patients choice.
- The introduction of an Emergency Multidisciplinary Diagnosis and Triage Unit (EMDTU) operating Monday to Friday 08.00-18.00 based in Abingdon Community Hospital. The EMDTU gives urgent care patients access to speedy investigations and diagnosis in the community. Patients would be referred via their GP, the ambulance services, emergency departments and community health care professionals. The EMDTU would make the clinical decision whether patients referred to them for urgent care needed to go into an acute or community hospital or if they could have their care at home.

4. Working with clinicians, patients, carers and the public

The NHS is involving staff, GPs, clinicians and healthcare professionals to ensure decisions about which services to continue to provide and which to replace are based on evidence of clinical and cost effectiveness, local priorities and health care needs, and value for money. The OCCG is already working with local people to get feedback on proposed changes to services.

As well as setting up a number of QIPP projects, the OCCG is also reviewing the funding of treatments that previously have been provided as a matter of routine and ensuring that doctors and health care professionals are adhering to best evidence and criteria for use of treatments and services. These reviews are essential if we are to maintain high quality, local and sustainable NHS health services for the future.

A recent example of this is the change in criteria for people to access non emergency patient transport. This service was being used by a wide range of patients many of whom could travel by bus or car. The patient transport service costs the NHS in Oxfordshire over £3 million a year and in the last financial year we spent £350,000 of this on patients who were able to use 'walk on' transport. That is patients who could travel by car and need no assistance in getting in and out of a

vehicle. It was estimated that we could save as much as £200,000 by tightening up on who could use this service. The NHS worked with staff and members of the public including those using non-emergency transport to seek feedback on the proposed changes to criteria. There was general consensus in favour of the proposed changes.

Another example of this work is the review of the provision of NHS prescriptions for gluten-free foods. In Oxfordshire we spend £350,000 each year on prescriptions for gluten-free foods for people with coeliac disease. Twenty or thirty years ago, only a small range of 'gluten-free' foods were available and these were relatively expensive. To enable people to manage their disease, GPs were able to provide gluten-free foods on prescription. However, in recent years there have been considerable improvements in the types of foods available in shops and supermarkets. Nowadays there is a wide range of gluten-free foods in supermarkets, eg, gluten-free pasta, pizza bases, cakes and breads; there is a good choice of various makes of gluten-free food; the cost of gluten-free foods is not as high as it used to be; non-wheat, barley or rye based foods that provide carbohydrates are readily available, eg, potatoes and rice.

It has also been argued that the NHS does not provide food on prescription for other groups of patients whose diseases are associated with, or affected by, the type of food they eat.

For these reasons, we are considering whether or not the local NHS should continue to provide NHS prescriptions for gluten-free foods. We are seeking the views of local people - adults and parents/carers of children who have coeliac disease; patient support groups; doctors, dieticians and specialists - to find out what the impact might be if NHS prescriptions for gluten-free food were no longer funded. All the findings will be considered before a final decision is made.

5. Summary

Society is changing so health and social care systems need to change to respond to rising demand from an increasing older population, patient expectations and advances in technology and medicines. The challenge is to maintain and improve the quality of care for all patients within the finite resources we have available. NHS organisations and social care in Oxfordshire are already working together to respond to this challenge by improving productivity within the NHS locally, so doing the same but more efficiently and using staff to maximum effect and working collectively with the public to change the way that healthcare is delivered.

The QIPP plan for Oxfordshire will be approved by OCCG and the NHS Buckinghamshire & Oxfordshire Cluster at the end of March 2012.