

Norfolk System Integrated QIPP (Quality, Innovation, Productivity and Prevention) and Reform Plan

Summary document
September 2011

With 181 pages, the Norfolk System Integrated QIPP and Reform Plan is a long and complex document. For this reason we have produced this summary which sets out the financial implications of what we are putting into practice, the benefits for patients and the challenges that exist.



Introduction

The NHS is facing a huge challenge. The costs of medicines, technology and fuel are rising; demand for healthcare is growing. The NHS, together with our partners in social care, must continue to improve the health and wellbeing of people living in Norfolk whilst making our money stretch further.

Everyone has a part to play in meeting the challenge in order to sustain and improve the high quality care we provide now.

Nationally, the NHS needs to achieve up to £20 billion of efficiency savings by 2015. This is why QIPP plans are being implemented. QIPP stands for Quality, Innovation, Productivity and Prevention. It is about spending NHS money wisely and 'making every penny count'.

This is not about cuts – in fact the NHS budget has risen this year. We need to do more for the same money.

How does this affect Norfolk?

Norfolk has an NHS budget of about £1.2 billion – more than last year. The NHS Norfolk patient population is about 757,000.

We have calculated that unless we change the way we work there will be a "funding gap" of £184 million by 2014/15.

Just like our household budgets, when the cost of living rises but our income doesn't, we know we could run short if we don't take action now.

QIPP at a glance

We are assuming NHS funding cannot rise as much as we would all like – even though there has been a modest increase this year



Our population is growing and people are living longer. This is creating more demand for health-care on top of rising healthcare inflation



We have to make our budget stretch further to meet this increased demand whilst also maintaining quality and safety

What is the thinking behind Norfolk's QIPP Plan?

This an integrated plan, created jointly with local GPs, NHS Trusts and Norfolk County Council because we all face the same issue:

- Norfolk is a large rural county with an older and ageing population.
- Within 20 years the number of people age 65 or above will increase by 57%.
- Although the population is generally healthy and life expectancy is above the England average, there are growing numbers of frail older people with multiple long term conditions, including dementia.

NHS Norfolk's five-year strategy "Bold and Ambitious" 2009-14 set out the need to shift more care into community settings to reduce the number of people who have to go to hospital for care.

The "system" – by which we mean hospitals, GPs, community services, local authorities and others – are working even more closely and creatively. We are re-designing some services, developing new ones and reducing investment in those which are not clinically effective or do not provide value for money.

QIPP – the money

The NHS budget has enjoyed a modest increase, but we need to look for those services to invest in which improve the quality of patient care and deliver better value. This is how we all manage our money - at home, in business and also in public services.

The table, below, shows if we find better ways of working we can use at least £184m to spend on other areas of care – **doing more with the same money**

	Commissioners (eg NHS Norfolk) £m	Providers (eg hospitals) £m	Total £m
How much we need to free up by 2014/15	59	126	184
The most our QIPP innovations could generate	110	125	234
Net headroom	51	(1)	50

The end column shows that if all our innovation and productivity plans pay off, the total amount of efficiency equates to £234 million, meaning we have some 'headroom' or a built-in 'safety-net' of £50 million

We believe more people can be helped at home - or close to their own home

Sometimes this will require GPs and local teams of health and social care staff working to keep people well, monitoring people at risk and intervening early. It may also mean providing or organising intensive support at times of crisis or high levels of need.

We are committed to consulting with patients, carers and the wider public, clinical colleagues, local authority partners and representative groups if and when major changes need to be made.

What will be different for patients?

We anticipate that:

- Fewer people will attend hospital out-patient clinics
- The numbers of people being admitted to hospital in an emergency or for planned (elective) operations will decrease to 2008/09 levels
- There will be better management of dementia with earlier and more intensive support
- Long Term Conditions will be managed more effectively in Primary Care settings to avoid crises
- Treatment “pathways” will be improved
- There will be a greater focus on preventing ill health, tackling health inequalities and keeping people well for longer

How we are planning – and delivering

We are already putting in place many projects to modernise the NHS.

Patients will still see their GP or Practice Nurse. They will still see a hospital doctor or have hospital treatment if they need it.

But we are working to make sure we provide the most appropriate treatments in the most appropriate settings. In some cases this means developing new services; in others it means improving care “pathways” - which are the recognised patterns of treatment for a particular condition.

We are working within each individual NHS Trust and also as a health and social care **“system”** across the county, for example there are some important new services and improvements in the delivery of mental health care which stretch across Norfolk such as the Wellbeing Service and Dementia care (see next page).

1 Central Norfolk

Focusing on the area served by the Norfolk and Norwich University Hospital, this workstream aims to reduce the number of frail, older people admitted for acute care and caring for them out of hospital where clinically appropriate, improving end of life care, developing a more robust community Medicine for the Elderly service and improving care for patients with dementia.

2 West Norfolk

Focusing on the area served by the Queen Elizabeth Hospital, King's Lynn, this workstream aims to reduce admissions to hospital to 2008/9 levels reduce the length of time patients need to stay in hospital, integrate inpatient and community services and improve the discharge planning process.

3 Whole Norfolk System

This work stream is also looking at how hospital services can follow best practice more closely. A very wide range of care "pathways" are being improved to deliver more efficient care. In tandem with this we have put in place Referral Management Centres to ensure GP referrals are consistent and we have in place a longstanding "Prior Approval" scheme, described below.



Many of the major changes were set out in a public newsletter, made available in GP surgeries, hospitals, libraries and sent to the media in May 2011.

You can ring NHS Norfolk PALS for a copy or read it on the NHS Norfolk website at:
<http://www.norfolk.nhs.uk/changing-our-nhs-together>

You can read further details and patient case studies on the NHS Norfolk website listed on the next page:



Frail / Older People

– close support for these patients to help them live safely and well at home:

<http://www.norfolk.nhs.uk/joined-health-care-delivering-results-patients>

Sheila, from Mundesley, is in her 80s:

“It has worked very well for me. I have had a lot of help.”



Step-up beds

Step-up beds - <http://www.norfolk.nhs.uk/hospital-beds-not-hospital>

Patient , Ken, said:

“I was very impressed, it was very, very good, everything was spot on.”

Front of House Project

GPs providing speedy and effective treatment at the Queen Elizabeth Hospital, King’s Lynn
<http://www.norfolk.nhs.uk/front-house-gp-service-delivers-patients-west-norfolk-and-wisbech>

Dr Malcolm Skinner, a GP and Chair of West Norfolk and Wisbech Clinical Commissioning Group, said:

“The ability for the acute GP service to access key investigations in an urgent way has enabled rapid and accurate diagnosis allowing many patients to avoid a prolonged and unnecessary hospital admission.”

New Dementia Intensive Support Teams introduced

There are two teams. One helps people with dementia and their carers overcome sudden crises at home to save them going into hospital. The other works with patients in hospitals who have dementia:

<http://www.norfolk.nhs.uk/new-dementia-intensive-support-teams>

More dementia support in the community

A range of initiatives to support people living at home with dementia:
<http://www.norfolk.nhs.uk/expanded-dementia-care-community>

Senior Charge Nurse Julie Bennett said:

“Our Dementia Intensive Support Team offers practical problem solving for patients living at home or in a residential home.”

Reducing medicine wastage

Working with GPs, pharmacists and public campaigns. Ordering medicine that you don't then use costs the NHS in Norfolk £5 million a year:
<http://www.norfolk.nhs.uk/medicine-wastage-only-order-what-you-need>

Telehealth

Keeping patients with long term conditions safe and well at home

Clive Wilkinson, uses the technology to record his weight, blood pressure, blood oxygen levels and pulse every day, with one of Norfolk Community Health and Care's Community Matrons monitoring changes to Clive's readings from their base in Norwich. Clive said:



“I like knowing that Fiona is keeping up-to-date with my condition without needing to wait for her to come to the house to do tests every day. I have the freedom to do what I want with my day, safe in the knowledge that I'm still being cared for.”

Prior Approval

There may well be more appropriate alternative treatments available rather than hospital operations. In 2010/11 the number of operations requiring Prior Approval by NHS Norfolk reduced by 17% compared to the same period in 08/09. That is more than £1m which we can use to treat people with other conditions

<http://www.norfolk.nhs.uk/sites/default/files/board-papers/2011/05-May-2011/9-1.pdf>

CONFER

A web-based system allowing GPs to talk to hospital specialists to find the best way to treat patients is being piloted in Norfolk

<http://www.norfolk.nhs.uk/confer-pilot-improve-patient-care-launched>

We also need to help people stay well for longer.

We are doing this by:

- ➔ **Planning an Integrated Health Improvement Service** to commission or provide stop smoking services, health trainers, alcohol intervention service, lifestyle training etc
- ➔ **Running a Wellbeing Service** to help people suffering from anxiety or depression
<http://www.nwmhft.nhs.uk/en/Wellbeing>
- ➔ **Working with partners to drive down Healthcare Acquired Infections**, pressure ulcers and avoidable falls

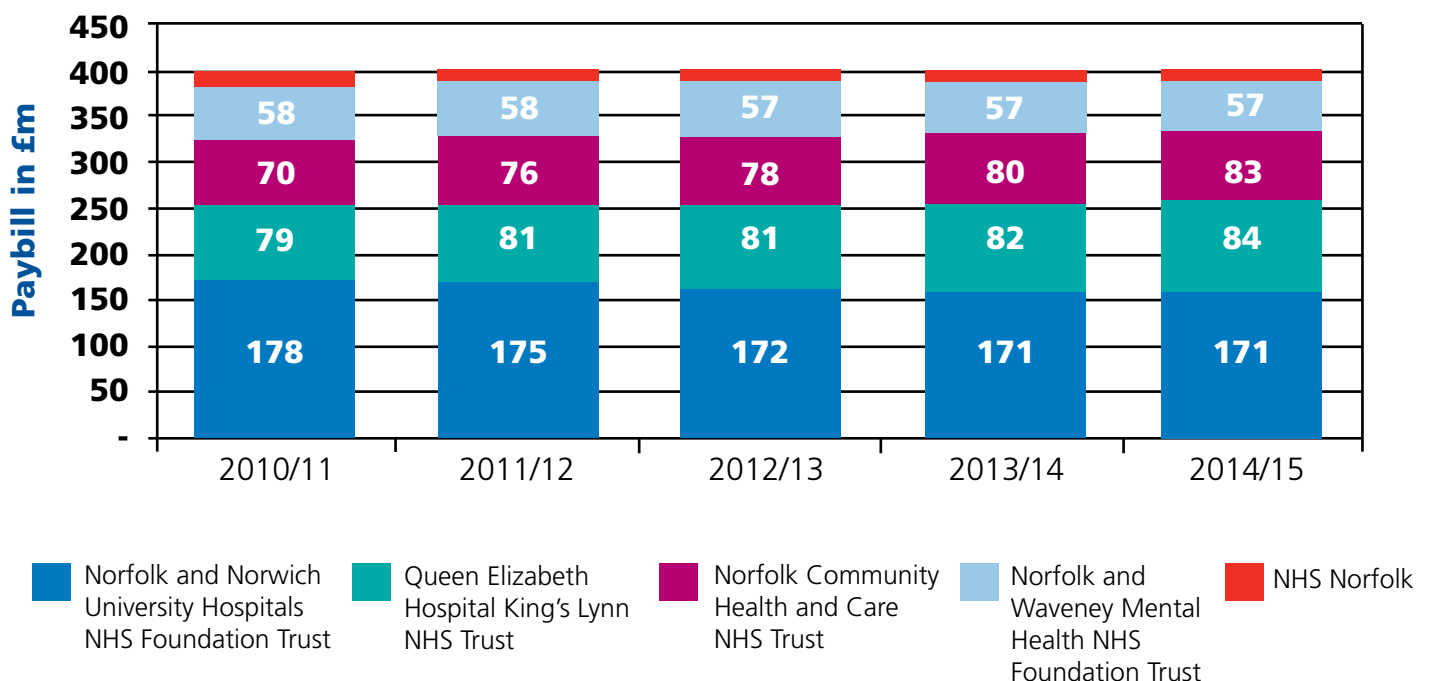
What impact will these plans have on NHS staffing?

Our workforce plans from March 2011 to March 2015 show a 1% reduction in the paybill in our acute hospitals (NNUH and QEHL). This will be offset by a 17% increase in the paybill for community-based staff.

One would expect this as we shift the focus of care from hospitals to the community.

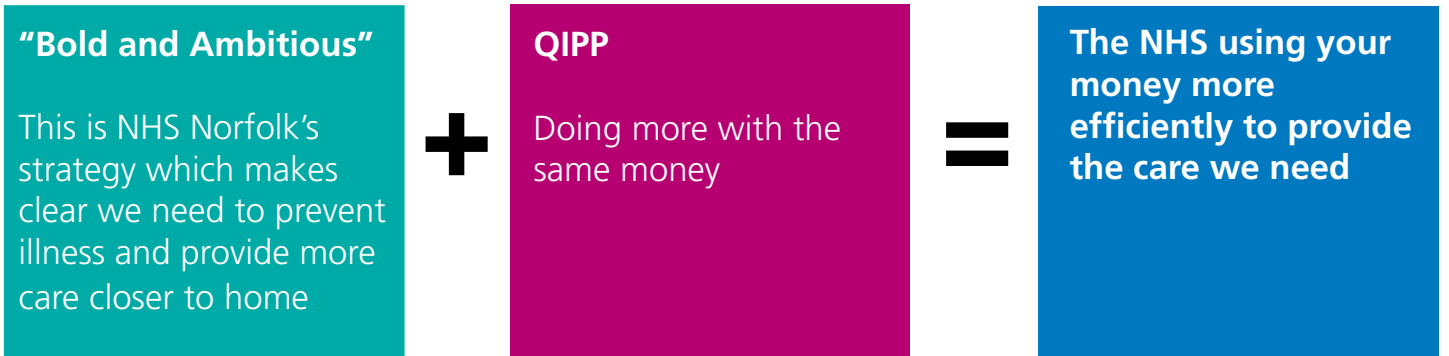
Getting the skill mix right is essential. In some areas, where services are redesigned, it may mean staff are required to work in different ways or that care which was once provided in a hospital is now provided somewhere else. We will manage this on a case by case basis.

Paybill Projections 2010/11 to 2014/15



A final word

We think this diagram summarises nicely the solution to the challenges we face:



Oddajemy do Państwa rąk wydany przez NHS Norfolk 'Przewodnik po lokalnych usługach zdrowotnych na rok 2010'. Publikacja ta zawiera przydatne informacje o lokalnych usługach służby zdrowia oraz wyjaśnia, gdzie mogą Państwo uzyskać dalsze porady, by zapewnić, że zarówno Państwo, jak i Państwa rodzina zostaną objęci właściwą opieką we właściwym momencie i miejscu. Jeśli pragną Państwo otrzymać ten przewodnik w innym języku, prosimy o telefon pod numer 0800 587 4132.

Bem-vindo ao NHS de Norfolk 'O Seu Guia para os Serviços de Saúde Locais de 2010'. Este folheto contém informações úteis sobre os serviços de saúde locais e explica onde se pode dirigir para obter mais informações de modo a assegurar que você e a sua família recebem os cuidados certos, na altura certa e no local certo. Se pretende este guia num outro idioma, por favor ligue para 0800 587 4132.

Sveiki atvykę į NHS Norfolkko „Jūsų vietinių sveikatos paslaugų vadovą 2010“. Šiame lankstinuke pateikiama naudinga informacija apie vietines sveikatos paslaugas bei paaiškinama, kur galite kreiptis dėl išsamesnės informacijos, siekdami užtikrinti savo ir jūsų šeimos narių tinkamą priežiūrą reikiamu laiku ir reikiamoje vietoje. Jei šį vadovą pageidaujate gauti kita kalba, prašom skambinti telefonu 0800 587 4132.

Управление здравоохранения Норфолка предлагает вашему вниманию «Справочник медицинских услуг 2010». В нём вы найдете полезную информацию об услугах здравоохранения в вашем районе и советы, куда обращаться для того, чтобы вы и ваша семья получали своевременное и качественное медицинское обслуживание. Если вам нужен этот справочник на другом языке, пожалуйста, обращайтесь по тел. 0800 587 4132.

Karibu kwa "Mwongozo Wako wa Huduma za Afya 2010" kutoka kwa Huduma za Kitaifa za Afya (NHS) ya Norfolk. Kijikitabu hiki kina habari muhimu kuhusu huduma za afya zinazopatikana mumu humu, pia kina maelezo kuhusu mahali ambapo unaweza kupata habari zaidi ili kukuwezesha wewe na jamii yako kupata huduma inayofaa, mahala mwafaka. Ikiwa ungeipenda maelezo haya kwa lugha nyingine, basi piga simu nambari 0800 587 4132.

欢迎来到国家保健服务诺福克 (NHS Norfolk) 的“地方保健服务2010指南”。本手册包含了地方卫生服务的有用信息，以及告诉您获得更多信息的地方，以确保您和您的家人在适当的时间、适当的地点获得适当的保健服务。如果您希望将本手册翻译为其他语言，请致电 0800 587 4132。

If you would like this document in Large Print, Audio, Braille, alternative format or in a different language, please contact the Patient Advice and Liaison Service (PALS) on 0800 587 4132 and they will do their best to help



If you have any further queries you can contact the Norfolk Patient Advice and Liaison Service:

Tel: 0800 587 4132 (freephone)

Mobile: 7500 990815

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