

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
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Report of the Interim Chief Operating Officer, NHS Peterborough

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NHS Peterborough QIPP and Reform Plan 2010-2015

1. PURPOSE

- 1.1 This report is presented to brief the Commission on the context, scope and progress of the NHS Peterborough QIPP and Reform Plan.

2. RECOMMENDATIONS

- 2.1 To note and to agree how the Scrutiny Commission for Health Issues can be appraised of progress.

3. BACKGROUND

- 3.1 As part of a national process, NHS Peterborough has been working across the Care System to ensure there is a coordinated response to the challenges of delivering increased quality across health and social care, whilst at the same time responding to the financial pressures placed on the system by the downturn in the economy.

At the same time, the demand for health services continues to grow as the population grows and ages and as new treatments and technologies are developed. Therefore, we will have to make significant productivity improvements in order to manage our finances, meet the health need of our population and improve and sustain the quality of our services for the future.

If we do nothing differently and the demand for services continues to grow at the same rate as recent years, then we will have a financial gap of £100.34 million by the end of 2014/15. Productivity opportunities of up to £128.56 million have been identified in order to close this gap and plans have been developed or are under development to deliver the improvements required.

In order to tackle this together we have established a Health and Care Transformation Board consisting of the Chief Executives of the following organisations, together with a GP commissioner representing the Peterborough Clinical Commissioning Group:-

- NHS Peterborough
- Peterborough City Council
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Peterborough Community Services

We have also established a Director level Delivery Board with representation from the same organisations in order to coordinate the delivery of the required change and ensure that change in one organisation does not have unforeseen consequences in other organisations.

4. The priority areas for work are:

We have developed a workstream structure to deliver change across a range of patient

pathways where we believe that we can the same or better care more efficiently.

4.1 Children and Maternity

The Children and Maternity work stream is focusing on three key areas in relation to acute and community based children's health services.

- Non-elective pathway development
- Paediatric elective pathway
- Maternity – working to improve quality and productivity of maternity services in Peterborough following recent CQC recommendations.

4.2 Acute Care

- Primary and Urgent Care Strategy - The Right Care at the Right Time
- More effective community management of patients with long term conditions/ambulatory care sensitive conditions – both routine and crisis management
- Agree local targets with the Ambulance Trust to ensure alternatives in place to reduce conveyances to A&E, with more patients triaged/treated at scene
- Continued patient education/engagement programmes to reduce A&E presentations, make clear the appropriate access points to urgent care
- Development of appropriate patient pathways in A&E underpinned by triaging/signposting so that patients access the right care provided by the right professional
- Ensure effective discharge processes are in place at the acute trusts, which result in reduced numbers of delayed patients
- Reduced numbers of patients having a readmission within 30 days

4.3 Planned Care

- A process to check the invoicing and costing of invoices
- Redesign programmes – dermatology, musculoskeletal and ophthalmology
- Contractual changes applied to services, e.g. minor oral surgery
- Application and interrogation of surgical thresholds and prior approvals

4.4 Mental Health and Learning Disability

- Developing more local community-based care and support services to replace high cost acute and residential placements
- Reviewing all secure Mental Health placements to ensure that the most appropriate level of care is provided
- Reviewing the appropriateness and costs of high cost residential placements across all services
- Focus on supported living and adult placement services, which are cost effective and deliver good outcomes

4.5 Health Improvement

- Teenage pregnancy and sexual health
- Childhood obesity
- Smoking

4.6 Primary Care

- Primary and Urgent Care Strategy – The Right Care at the Right Time
- Referral management, which includes the regular peer review between GPs of referrals being made
- Prescribing productivity gains
- Dentistry productivity gains

4.7 Community and older people

- Ensuring productivity in community nursing and health visiting
- Development of capacity within reablement and rapid response services
- Implementation of personal budgets and self-directed support
- Continuing care management
- Community-based long term condition programmes and pathways
- Single point of access to an integrated pathway
- Comprehensive and integrated single assessment process for mental health, social care and specialist care
- Single interagency care plans and joined up case management

4.8 End of Life

- Support preferred place of care
- Reduce unnecessary referrals, un-planned and emergency admissions to hospital
- Reduce length of stay in hospital where appropriate

4.9 Learning Disabilities

- Reduce the use of out of area placements
- Develop more cost effective local support services
- Provide more efficient and cost effective integrated health and social care services

5. KEY ISSUES

5.1 The delivery of the transformation covered under the QIPP work underway in Peterborough is of a very significant scale and a high degree of complexity and inter-related issues. The work to date has been undertaken to ensure that the changes that we are exploring have the agreement of each organisation and stakeholders within the system, but on the clear understanding that:-

- More detailed work will continue to be undertaken, on a partnership basis, to clearly understand the nature and implications of the detailed work streams;
- That the systems needs to retain the flexibility to amend or further develop planning so that it reflects as accurately as possible the respective positions of individual organisations moving forward and as the various schemes begin to be implemented.
- That stakeholders and the public and patients are fully engaged in our proposals

It is proposed that the Scrutiny Commission for Health Issues is kept up to date with progress and guidance is sought as to how that can best be achieved.

6. IMPLICATIONS

6.1 The report deals with matters that are nationally driven and relate to the whole city.

7. CONSULTATION

7.1 The PCT is currently engaging in a consultation on Primary and Urgent Care Commissioning Strategies for Peterborough – The Right Care at the Right Time. The Consultation runs until Thursday 18 August 2011.

Many of these plans are at an early stage of development. Where significant change is proposed we will return to the Scrutiny Commission.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

8.1 *None*

9. APPENDICES

9.1 *None*