Report No.
RES11046

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**Adult and Community PDS Committee**
Date:	**14th June 2011**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BROMLEY QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP) PLAN**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk
Chief Officer:	Dr Angela Bhan, Joint DIrector of Public Health, MD Business Support Unit
Ward:	N/A

1. Reason for report

1.1 Informing the Committee about the Quality Innovation, Productivity and Prevention Plan, developed by NHS Bromley

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2. RECOMMENDATION(S)

2.1 The Committee is asked to note this report, which is presented for information.

Corporate Policy

1. Policy Status: N/A
2. BBB Priority: N/A

Financial

1. Cost of proposal: N/A
2. Ongoing costs: N/A
3. Budget head/performance centre: N/A
4. Total current budget for this head: £ N/A
5. Source of funding: N/A

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: See commentary below
2. Call-in: Call in is not applicable. PDS report

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Residents borough-wide

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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

1. Introduction

The QIPP plan replaces the old PCT Commissioning Strategy Plan and is designed to improve the quality of services as well as deliver value for money, and to reward innovation. However, it is not static and is continually changing and developing as opportunities to make improvements in quality and productivity are identified. The purpose of this report is to provide members with a summary update of both the progress with, and impact of, significant QIPP initiatives. It is not a completely comprehensive report, but focuses on those schemes that involve elements of service or care pathway redesign and identification a number of areas where NHS Bromley is actively seeking to expand QIPP initiatives. Other initiatives that are focused more on contractual variations and terms are not reported here.

2. Current QIPP Schemes

a. Musculo-skeletal Clinical Assessment and Treatment Service has been in operation across Bromley since September 2010. GPs are now able to refer via the Bromley Patient Referral Centre using bespoke referral forms to a clinical specialist. Within two days, the specialist reviews the referral for completeness and appropriateness before offering advice to the GP on management within primary care or signposting the referral to the most suitable clinical pathway which now includes enhanced and local high quality physiotherapy services. The benefits of the service in both quality and financial terms has been most significant: waits for adult MSK physiotherapy have reduced from 20 weeks plus to approximately four weeks; the demand for hospital appointments has decreased and patients and GPs have given overwhelmingly positive feedback about the service. The service has been supplemented by educational events for GPs to enhance their own skills in the diagnosis and management and of musculo-skeletal conditions. Plans to further enhance the services on offer to include direct access diagnostics and extended scope physiotherapy are being developed.

b. Gynaecology and Dermatology assessment and intermediate community services for the treatment of medically manageable conditions are in the advanced stages of procurement. It is hoped that patients will be offered access to the new services from July. GPs will refer via the Bromley Patient Referral Centre using bespoke referral forms to a clinical specialist who will review the referral for completeness and appropriateness before offering advice to the GP on management within primary care or signposting the referral to the most suitable clinical pathway. If intermediate or hospital services are deemed most suitable, the Patient Referral Centre will contact the patient to discuss their choice of provider before making an appointment that best meets their needs. The new service will operate out of suitable local premises offering appointments within four weeks of the initial referral thereby offering improved access and value for money with early diagnosis and treatment expected to lead to improved outcomes as a consequence.

c. Admissions avoidance – this a new service in operation since April of this year. It comprises a dedicated case-finding team who are based at the Princess Royal Hospital but are part of the community provider. Their role is to identify patients whose proposed admission could be avoided if a suitable care package for them could be put in place instead and to facilitate their safe return home with said care plan in place. The team also work in a similar way to effect the early safe discharge of patients from hospital. The benefits for patients of being cared for in their own homes are significant and well-documented, this is a value for money service and also enables the hospital to free up capacity for patients who absolutely need specialist care that only they can provide.

d. Chronic Obstructive Pulmonary Disease (COPD) community service – a specialist nurse and dedicated team originally piloted is now fully established in Bromley. The model of care that they provide has integrated well with local health services (EMdoc, Rapid Response, Community Matron Service, Primary and Secondary Care). The service provides care and support to patients living with COPD and helps them to develop a self management approach to their care, encouraging them to live independently and helping to reduce/avoid the need for hospital care, and also provides a Pulmonary Rehabilitation Service.

   Prior to this service being established there was no community-based service. Patients who required management over and above what is ordinarily available in Primary Care would only have had access to a hospital based model of care. There was no pulmonary rehabilitation provision available (which essentially empowers patients through health promotion and education to self manage their condition and live as independently as possible). All of the indicators locally (including data analysis of hospital activity and qualitative reporting) demonstrate that the service is making a significant difference to patients in Bromley living with COPD. A recent report for London found that the overall emergency COPD admission rate in Bromley is significantly lower than the national average. Bromley residents are almost three times less likely than residents in the local authority with the highest admission rate to be admitted for COPD. Once admitted for COPD, moreover, patients from Bromley spend significantly less time in hospital than other patients in England; over three days less than the local authority with the longest length of stay.

e. Specialist Neuro-rehabilitation service – this service is enabling patients recovering from significant neurological events and/or trauma to be transferred from out of area placements into the care and support of a newly established and local community based team that will help support the patient's rehabilitation in their own home. This ability to rehabilitate patients locally when previously they were placed in expensive facilities some distance from their own homes will make a significant difference to both patients and their families and is planned to form the basis for the further development of a local stroke rehabilitation team.

f. Ophthalmology Primary Eyecare Assessment and Referral Service (PEARS) – implementation of this new service is progressing well and it is expected that from July enhanced optometrists will be able to prioritise and manage patients presenting with a range of minor eye conditions in their practices. This will enable many patients to be seen quickly and treated safely and appropriately in local settings thus avoiding referrals to secondary care.

3 Improvement opportunities

a) <u>Long term conditions (LTC)</u>

We are actively seeking opportunities to focus on:

(1) Increasing the management of LTC in primary care, with a strong prevention element

(2) Re-commissioning alternatives to acute care in community settings

(3) Reducing unnecessary acute activity develop services closer to patients' homes and to ensure best possible use of hospital services

By working on these areas, we should able to achieve the following outcomes:

- Improved levels of health through primary, secondary and tertiary prevention. This includes many elements from smoking cessation to better rehabilitation
- Better coordinated care along agreed care pathways. Care is normally coordinated and integrated by the patient's doctors (GPs and specialists) to ensure holistic planning, delivery and access to any specialist expertise required.
- We need to further enhance a multi-disciplinary team approach within health services and with different agencies
- Reductions in emergency hospital admissions . With good disease management at primary care level, hospital activity for long term conditions can be significantly reduced.

Specific areas for focus will include:

- Multi-disciplinary managed care
- Specialist nurse interventions
- Discharge planning and post discharge support
- Active case management
- Specialist Nurses
- Telemedicine and telecare
- Early discharge planning and hospital-at-home
- Multi-disciplinary rehabilitation (e.g. pulmonary) for 6-12 weeks
- Active disease management
- Specialist primary care (GPwSIs)

b) Maternity

A number of initiatives to support increasing access to maternity services are already underway or are included in an action plan developed between SLHT and NHS Bromley. These include:

- Audit of women booking after 12 weeks 6 days – reasons why
- Re-design and re-launch of maternity booking form to capture where delays maybe taking place in the booking process
- Review of booking process at SLHT and increase capacity
- Reduce DNAs (non attendance)
- Increase access to ante natal care
- Communication strategy to reach key stakeholders: hard to reach groups; GPs, clinical staff etc

NHS Bromley is working with SLHT on a number of further improvements:

- fully adopting NICE guidance for normal, non complex, ante natal care
- increase the number of home births from 4% to 7%.
- Improving breastfeeding rates
- Reducing elective caesarean section rates,
- Improving choice for women. The new MLU units in QEH and PRU are able to increase choice of delivery for women, with PRU reporting over 40% of their midwifery-led births being water births since the opening of the new unit.

c) **Mental Health**

Oxleas provides a wide range of health and social care services and specialises in caring for people with mental health problems and learning disabilities. They have been the main provider of specialist mental health care in Bexley, Bromley and Greenwich for more than 10 years and

have developed a comprehensive portfolio of services in community and hospital settings. Oxleas provides adult learning disability services across Bexley, Bromley and Greenwich as well as forensic mental health care across south east London and to HMP Belmarsh.

Key issues related to mental health provision locally include:

- High occupancy rates on female medical wards resulting in placements outside borough for inpatient care
- The need to redesign the care pathway to provide services that support alternatives to hospital admission or specialist services
- Lower level of access to psychological therapies for men and BME communities
- Improve patient satisfaction rates
- High levels of spend in mental health services, e.g. mentally disordered offenders and acute specialist services
- The high number of people with dementia who are never given a formal diagnosis and as a result do not get the information, support and care they need. This often results in crisis management and over reliance on long term residential care
- Variability in the quality of Adult Mental Health services across primary care and secondary care

NHS Bromley is focused on the implementation of enhanced primary care based services designed to support patients to remain independent and effectively functioning, in line with London-wide and national IAPT strategy. Required outcomes include: increased choice in therapy interventions available, reduced inequality of provision within the Borough, improved psychological well-being, some resource targeted to vulnerable members of the community and support for people to return to work or retain employment.

Closer integration of mental health services within the community and with the local authority is essential, recognizing the need for more effective commissioning of secure services on a pan Borough basis. The IAPT scheme provides the opportunity for effective intervention at a local level in line with NICE guidelines for anxiety and depression, and supports patients to remain independent and effectively functioning.

4 Conclusion

As previously stated, the above is a summary of those initiatives that have involved service development and/or care pathway redesign and examples of where are seeking to enhance productivity and quality. Other initiatives of note not covered in this report, include the Urgent Care Centre pilots providing a safe and cost effective alternative to traditional non-blue light A&E attenders that have greatly reduced A&E attendances; plans to redesign intermediate care services to help avoid inappropriate hospital admissions; primary care education, engagement and training initiatives aiming to enhance the abilities and confidence of primary care practitioners to safely manager patients who they might otherwise have referred in the past.

If members are interested in more detailed reports about any of the schemes summarised above these can of course be made available on request.

Non-Applicable Sections:	Policy, Financial, Legal, Personnel Implications
Background Documents: (Access via Contact Officer)	[Title of document and date]