



Plymouth Hospitals **NHS**  
NHS Trust

**NHS**  
*Plymouth*

# Improving Quality, Innovation, Productivity and Prevention in the NHS

## 'Quality Care, Best Value'

13 October 2010

John Richards  
Chief Executive  
NHS Plymouth

Sharon Palsler  
Director of Development  
NHS Plymouth

## What's the Issue?

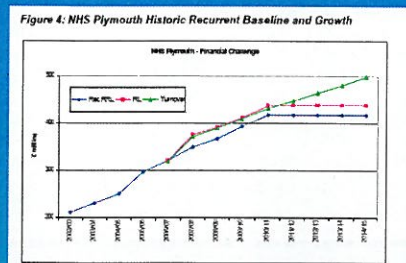
1. Health care services in the NHS change and develop every year
2. The way in which many services are currently delivered could be improved to provide a better quality service to public and patients, and at lower cost to the taxpayer i.e. better value for money
3. Some services could be improved to reduce the risk of ill-health

## What's the Issue?

4. In general, people expect more from health services year on year
5. The cost of drugs, operations and medical equipment rises fast than the cost of household goods year on year
6. People are living longer and this costs more, but also have more illnesses because of their lifestyle such as drinking more, being overweight and taking less exercise – this also costs more

## What's the Issue?

7. The growth in NHS funding is expected to almost stop in April 2011



In summary, this means that we need to improve the way in which we deliver services to be more efficient to release funding to reinvest back into NHS care

## What are we doing to address this?

- By changing some aspects of how services are delivered for patients
- By being better at how we organise what we already do
- By making sure that we spend money on treatments that are the most effective and that we do not spend money on those that are less effective

## What does this mean for people who use the NHS?

### What happens now

#### Helping people to be fit for surgery

##### Situation:

People having surgery need to be as well prepared as possible in terms of their fitness and health to get the best possible outcome. Sometimes the advice and information given is not very clear, is not promoted, or may be inconsistent

### What will happen in the future

#### Plan:

To provide clear and consistent guidance to patients and ensure GPs and Sentinel are able to support this approach. This will include much clearer information on the benefits and risks of the surgery. The advice may also include stopping smoking, losing weight, or providing medication to reduce blood pressure.

#### Impact and Benefit

There is strong evidence that better informed patients make different choices than those who are less informed, and that those who have better health have better outcomes

## What does this mean for people who use the NHS?

### What happens now

#### Mental health care

##### Situation:

Many of our mental health services are based on care as an inpatient in a hospital setting. Time spent in hospital is longer than in other areas and in Plymouth patients also spend longer in 'recovery' beds. This is no longer accepted as best practice for modern mental health care.

### What will happen in the future

#### Plan:

To increase access to the range of community-based services, providing earlier support before a crisis, treatment and therapy closer to home, and reducing the need for time spent as an inpatient in a hospital setting

#### Impact and Benefit

This is a less stigmatising model of service for people, helps to reduce the risk of crisis, is a more 'social model' and is also much more cost effective, which allows funding to be released back into health care.

## What does this mean for people who use the NHS?

### What happens now

#### Hospital-based follow-up care

##### Situation:

Following time spent in hospital receiving medical treatment or having surgery, many people are given an appointment or a series of appointments to be seen in the hospital out-patient clinic for 'routine review'. They may be seen by a consultant, junior medical staff or a nurse.

### What will happen in the future

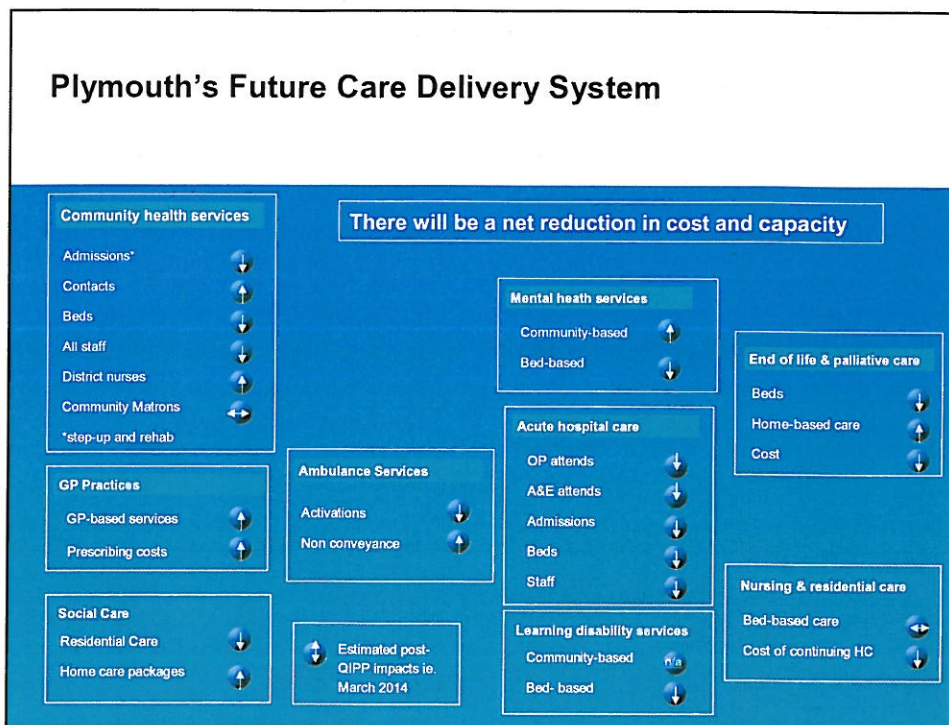
#### Plan:

In most instances, recovery following surgery is very predictable and uneventful. People will be provided with information setting out the normal recovery process and only be followed up by their GP or through patient-initiated access to a hospital service if this does not happen.

#### Impact and Benefit

This releases time and expertise for patients who do need follow-up care in a hospital to receive it in a more timely fashion. Most patients will not need to spend time in a hospital outpatient department or take time off from work and pay for travel, parking and arranging child care.

## Plymouth's Future Care Delivery System



## When should we see these changes happen?

- This is nothing new i.e. the NHS changes the way it delivers services all the time
- But the rate of change is different, because we need to improve services more quickly and to release funding to reinvest back into the NHS more quickly
  - Recent changes include stroke care and the use of key workers for those who have frequent hospital admissions
  - Some changes happening now for example, treatments of relatively low clinical value
  - Some will be put into place by 1 January 2011 for example, some follow-up care in hospital settings
  - Some will be put into place on 1 April 2011

## Who's leading this in Plymouth?

### Chief Executives

- John Richards, CEO NHS Plymouth
- Paul Roberts, CEO Plymouth Hospitals

### Medical staff e.g.

- Dr Peter Rudge, GP and PEC Chair
- Dr Helen Thomas, Chair of Sentinel CIC
- Dr Alex Mayor, Medical Director, Plymouth Hospitals
- Dr Simon Payne, Medical Director, PCT Provider Services

### Senior Directors e.g.

- Sharon Palser, Director of development, NHS Plymouth
- Helen O'Shea, Chief Operating Officer, Plymouth Hospitals

## What happens next?

- A public summary of the programme will be published by NHS Plymouth by the end of October. We will be asking for comments and letting public and patients know how to get more involved
- We will keep working with people who already use health services to help us to plan these improvements and put them in place
- More information will be shared with the overview and scrutiny committee (date tbc)

# Questions



Plymouth Hospitals **NHS**  
NHS Trust

**NHS**  
*Plymouth*

Improving Quality, Innovation,  
Productivity and Prevention in  
the NHS

‘Quality Care, Best Value’

Update 20 July 2011

Karen Kay  
Assistant Director of Corporate Planning & Performance  
NHS Plymouth

## Progress update - engagement.

- Production of public document.
- Health & social care staff events
- Public engagement event
- LiNKs
- 4 tests of service re-design
- Project specific engagement & involvement

## Progress update – delivery. Comparing 2010/11 with 2009/10

	Plymouth PCT	All PHNT commissioners
GP referrals	- 3.73%	-0.92%
OPD attends	0.38%	1.24%
Electives	-0.34%	1.34%
Non-electives	2.78%	2.54%



## Financial Position

- **2010/11** - Achieved planned surplus of £4million (with a QIPP programme of £18million)
- **2011/12 plan**
  - £2m surplus
  - £27m QIPP
  - £36m investment

Month 3 - initial indications on target to deliver plan

## 10 Priorities for Achieving a Healthy System

Priority
1. Delivery of the current 2011/12 QIPP service redesign programmes
2. Agree the high level strategy for the major local providers of NHS care
3. Develop the referral management, triage and advice function, and the system management/ system integrator function; establish a joint 'settings of care' project using MCAP or similar
4. Develop ICT strategy and deliver initial products
5. Refresh workforce and skills development plan
6. Deliver 2011/12 changes in staffing and estates in acute, primary and community capacity
7. Strengthen collaborative working with partners, in particular social care and third sector
8. Strengthen assurance systems for quality and safety
9. Develop Plymouth clinical commissioning consortium
10. Communication, public and patient engagement, and empowering individuals

