

QIPP: Living within future resource limits

1. Introduction

QIPP (Quality, Innovation, Productivity and Prevention) is a national programme to improve quality and productivity in the NHS. In order to meet the increasing demand of a growing and aging population and to absorb increasing costs with no growth in funding, the NHS needs to identify £15-£20 billion of efficiency savings by the end of 2013/14.

Although the NHS will not see a budget reduction, the frozen allocations for the next three years for PCTs and their successor organisations means that NHS Bedfordshire and its replacement GP consortia must manage £107 million of cost pressures between now and 31 March 2014. That represents a 6% improvement in cost over the period. In summary, if our health economy changed nothing then the GP consortia would be £107 million in debt by 2014.

However, QIPP is not about cutting services, but about working collaboratively across the health system to find better ways to deliver services. This is a challenge, but should also be seen as business as usual. It is a task that the health and social care system must meet while continuing to assure the safety and quality of services for our population.

It is also important to stress that QIPP is not a change in direction, but a continuation of the aims and objectives set out in the PCT's medium term strategic plan, *A Healthier Bedfordshire*, which was broadly supported during public consultation in 2009.

2. Governance

The QIPP programme is being led by local health economies with traditional lines of accountability to the Strategic Health Authority (SHA) and the Department of Health. The SHA is accountable to the Department of Health for ensuring that robust plans are in place at a local level to meet the financial challenges. In turn, the SHA expects the PCTs to produce and deliver a plan with its key partners, such as Central Bedfordshire Council and NHS acute providers, to demonstrate how the local system will live within its future means. The timescale for delivery of our QIPP Plan is:

Sept 2010	'First cut' or interim QIPP plan sent to SHA by each PCT
Oct 2010 onwards	Monthly SHA monitoring of reductions (or rises) in acute activity in each PCT area
Nov 2010 – Jan 2011	Feedback from SHA on the interim QIPP plan
Jan 2011	Finalisation of plan and final assessment by SHA

A local compact agreement has been developed across the system (attached as appendix 1). This was signed by all parties. A QIPP system-wide leadership board, with executive level membership from each partner organisation, has been established to provide assurance of delivery of the plan across the health system. This is led by a Bedfordshire GP, Dr. Paul Hassan, who is also the chair of NHS Bedfordshire's Professional Executive Committee (PEC).

3. The proposed approach

The achievement of the QIPP programme is based upon four key streams:

- i) *Supply chain management*
This will involve reducing contract values of providers, in line with improved productivity. System partners working collaboratively will also be able to exert increased purchasing power and subsequent influence to secure improved value for money.
- ii) *Reduction in variation of care*
If we are to improve quality and productivity, it is important to understand and address the reasons for variations in care between different areas and organisations. This will led by clinicians (in primary, community, secondary and tertiary care), supported by high calibre information. This will be supported by public health colleagues.
- iii) *Service redesign*
New and far reaching service strategies will be created that dictate the future shape of the service provision and approach to health and social care. For example, mapping and designing a patient's care pathway to ensure they get the right care by the right person in the right place will lead to better clinical outcomes, improved patient experience and more productive services.
- iv) *Prioritisation of investment*
Only services, treatments, drugs and/or procedures with a strong evidence base will be commissioned.

The QIPP Leadership Board will identify and agree in partnership a set of jointly owned actions that will deliver service change. These actions will adhere to the signed compact and will not allow cost shunting or vulnerable groups to be disadvantaged. They will be designed to increase quality, innovation productivity and prevention.

The interim plan will be revised to eliminate undefined sources of potential savings and a fresh approach will be taken to achieving the required reductions in acute care and bringing care closer to home. The aim is to ensure that no double counting exists and that the health and social care system no longer relies upon producing small changes to care through low impact projects.

4. Progress to date

NHS Bedfordshire coordinated the creation of a 'first cut' or interim QIPP plan. Regular discussions are continuing between senior NHS Bedfordshire officers responsible for QIPP and Julie Ogle, Director of Social Care, Health and Housing for Central Bedfordshire, who continues to provide valuable feedback as a critical friend throughout its development.

This plan was presented to the SHA in late October 2010. The SHA noted that this was a good start and highlighted that significant further work was required over the next two months to create a credible plan. In particular, the QIPP Plan would need to contain more detail on the impact on providers in relation to activity, finance and workforce. NHS Bedfordshire and its local partners are not alone in having considerable work to do on changing the health and social care system to meet future budgets.

The interim QIPP Plan draws from the pre-existing projects that underpin the delivery of *A Healthier Bedfordshire*, including fledgling plans to improve urgent care services for patients. These projects are to be commended, but their overall impact will not, on their own, meet the demands of the QIPP challenge of approximately £107 million.

5. Change in culture – facing the future

NHS Bedfordshire's Professional Executive Committee and the future GP commissioners, as the clinical governors of the economy, understand and accept the gravity of the situation and the magnitude of change required to the health and social care system. What is needed is a change in culture and approach, which requires that:

- i. NHS Bedfordshire and GP commissioners, with their partners, create a new system-wide strategy that defines how health and social care will be commissioned for the population in the future
- ii. NHS Bedfordshire and GP commissioners be more demanding than ever of their providers and the value that they offer
- iii. NHS Bedfordshire institute a 'financial turnaround' approach to its existing expenditure to eliminate any waste with immediate effect
- iv. Commissioners increase the intensity of QIPP delivery with immediate effect
- v. Commissioners and their partners communicate with and involve the public and patients in the change process
- vi. QIPP is led by clinicians.

6. Communicating QIPP to patients and the public

Early, sustained effective communication and engagement with identified key stakeholders is a prerequisite for implementing service change successfully. The recent NHS White Paper, *Equity and Excellence: Liberating the NHS*, further strengthens the existing statutory requirement for service development and delivery to be underpinned by patient and public involvement: the 'no decision about me, without me' principle. The QIPP agenda will make complex service change the norm in the NHS in the years ahead.

The interim QIPP Plan contains a detailed engagement plan for all stakeholders. These have been segmented into five groups:

- System leaders / partners
- External key stakeholders (influencers / representatives)
- Clinicians
- Staff and trades unions
- Patients and public.

The signed compact sets out the principles of cooperation and collaboration. NHS Bedfordshire, which is leading QIPP communications and engagement across the system, has arrangements in place with communications leads in partner organisations to ensure consistent messaging and supporting activities.

NHS Bedfordshire recognises that failure to engage effectively with patients and the public to explain and build support for QIPP will put the implementation of service change at very serious risk. In addition to clinical support, we will need the support of for example, our Health Overview and Scrutiny Committees, MPs and Local Involvement Networks, who will look first and foremost at the views expressed by patients, carers and the public. It is vital

that we develop a compelling QIPP narrative that resonates with our stakeholders, most particularly with our residents.

Key messages

- i) It is always right and necessary that we strive to make the best possible use of limited public funding. The current and enduring state of the country's finances sharpens this focus even more.
- ii) We cannot keep doing the same things in the same way if we are to meet the huge challenges of a growing and aging population with no additional money.
- iii) We are committed to our widely supported strategy (prevention; care closer to home; more choice) to meet growing demand, while improving quality, clinical outcomes and patient experience.
- iv) Choices will need to be made and some will be difficult, but we will not do so without involving you (patients / carers / staff / clinicians). We value your knowledge, opinions and ideas.

Engagement options

It is recommended that a combination of research and engagement methods is used to test and refine our key messages with our residents. Some of these activities will also support our ongoing work to establish sustainable 'QIPP relationships' with key patient and public representatives. Options under consideration are:

- Qualitative and quantitative research to understand public perceptions and response to key messages: combination of survey work (e.g. telephone, postal or on street interviews) and discussion/focus groups
- Deliberative events¹ based on our key work streams
- Media activity, including social media: develop a catalogue of case studies to illustrate positive change
- Engagement and advocacy through local organisations (e.g. LINKs, MIND, B:DAAT)
- Utilise local citizens' panels (e.g. local authority panels and PCT health panel)
- Utilise health champions/community development workers to engage with seldom heard and easily overlooked groups.

In addition to regular internal and external communications operations, the engagement plan details a range of activities to engage with external key stakeholders, clinicians and staff. That work continues in parallel with public and patient engagement activities detailed above.

7. Conclusion

QIPP represents one of the most significant challenges for the NHS since its inception. It requires a great deal of consideration and care to ensure that it truly drives improvement in health outcomes while improving productivity and value for money. It will only be achieved in partnership with key partners and stakeholders. The engagement of patients and the public is also essential. NHS Bedfordshire is committed to working with its HOSCs to enable system change to be taken forward with the understanding and involvement of patients and the public.

¹ Workshop style event designed to provide rich feedback on a range of policy or service options through presentations and facilitated group discussions.