Quality, Innovation, Productivity and Prevention (QIPP):

the Oldham story
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The NHS is facing a massive financial challenge. There will be a ‘gap’ between what we need to spend to keep up with demand, and the money we have, of £20 billion by 2015 – unless we start to do things differently.

Over the last two years NHS organisations across the country have been looking at how they can innovate, be more productive, prevent NHS resources being used inappropriately and ensure services are still of the highest quality. This is called the national QIPP programme and NHS Oldham has been playing its part in delivering this.

At the same time, despite our record of strong financial management, NHS Oldham had its own financial challenge, largely due to ever increasing demand for an expanding range of services locally. QIPP was not going far enough, fast enough for us, so on top of this we launched our own financial recovery plan in summer 2010.

Since then we have saved £31m by doing things more efficiently, effectively, productively and differently, while still making sure our local patients receive the quality health services they deserve.

We have now completed the financial recovery plan and are in one of the strongest recurrent financial positions in Greater Manchester, ensuring a smooth handover from NHS Oldham to Oldham NHS Clinical Commissioning Group (CCG), as they take increasing control of the finances.

The efforts put in by staff and partner organisations, many of whom have had to provide more for less, have been immense over this time.

However despite now being in a healthy financial position, the national QIPP programme is here to stay. As part of our commitment we have pledged to deliver a further £30 million over the next three years until 2015. NHS Oldham staff and CCG colleagues have robust plans in place to do this, but there will still be difficult decisions to take, to make sure that we’re providing real value for money.

Every time a patient contacts the NHS in any way it costs money. Value for money is not necessarily about reducing the number of contacts, but it’s about making every contact count.

For example: sharing test results so they don’t have to be paid for again and again; making sure people see the right person first time, not second or third time; ensuring GP appointments are available when people need them so they don’t have to go to A&E unnecessarily; checking patients’ repeat prescriptions to make sure people are only picking up what they need and medicine is not wasted; giving people the advice, medication, equipment and support they need to manage their long term condition, when they need it, to prevent them ending up in hospital, and so on.

Finding the £31m to date has relied on a huge amount of effort and innovative thinking from NHS Oldham staff, clinicians, patients and others. This will continue to be built on in to the future, and we hope the new, clinically led, world will help secure the changes to the way we work in the NHS which are needed, if we are to continue to be able to meet the healthcare needs of local people in the years to come.

We will need full engagement with provider organisations to fulfil the commitment of delivering a further £30 million, over the next three years.

This report looks at some of the work which has happened so far as NHS Oldham prepares to hand over the reins to Oldham CCG.

Stephen Sutcliffe, Director of Finance
Julie Daines, Turnaround Director
Clinical improvements and improved patient outcomes have been achieved thanks to a scheme which was introduced two years ago. For example, the Effective Use of Resources scheme has lead to a number of suspected cancers being picked up which would not have been normally.

Oldham NHS Clinical Commissioning Group (CCG) and NHS Oldham have been working together to look at how they can innovate, be more productive, prevent NHS resources being used inappropriately and ensure services are still of the highest quality.

In December 2010, Oldham (followed by Bury and Heywood, Middleton and Rochdale at a later date) introduced an Effective Use of Resources (EUR) policy. The process was designed by the primary care trusts working with local GPs and consists of a ‘referral gateway’, along with ‘baskets’ of procedures and an ‘Effective Use of Resources panel’.

The EUR scheme has been making sure only operations and procedures that are of real health benefit are carried out so that resources can be spent on really making a difference elsewhere.

The referral gateway aims to make sure that every single person receives the appropriate treatment, in the right place, at the right time and that the patient goes on to receive their treatment in the correct place. Because of the referral gateway’s positive impact, the CCG has committed to extending it for a further two years.

All outpatient referrals (apart from cancer, rapid access, mental health, antenatal and anticoagulation) are reviewed by a local GP with an interest in that specialism. They check that all the information is there to achieve the aims above. Following this, patients receive a letter telling them what to do next – and all this happens within one week of the referral being made.

The overall aims of the process are to:

- Make sure all referrals are appropriate
- Make sure all referrals are of a high quality
- Make sure the patient goes to the right place straight away, so patients who can be seen in the community are and those who need to be seen in secondary care are seen by the right person in the right clinic
- Make sure that people who really do need operations, get them

At the same time it is intended to also:

- Improve the patient decision making aids available (so they are better able to decide what they want to do)
- Develop, improve and refine clinical pathways (and so offer more treatments outside of hospitals)
- Save the NHS in Oldham around £7m each year

Award winning

NHS Oldham’s finance and system reform teams won a Healthcare Financial Management Association (HFMA) award for efficiency. Their work with the Oldham NHS Clinical Commissioning Group was on an initiative known as a referral gateway. They led work on the scheme for the North East of Greater Manchester.

In relation to HFMA award, the judges said: “The only way to significantly reduce the cost of the NHS in the long-term is to
manage demand better, ensuring patients get the right care at the right time in the right location. The scheme is extremely transferrable and has the capacity to be expanded to new areas, such as prescribing. The triage facility will leave behind a huge improvement in referral practices.”

2. Patient Transport Service booking arrangements

*Changes have been made to improve the Patient Transport Service, run by North West Ambulance Service (NWAS), which are ensuring the service is more equal and that transport is available for people who are most in need.*

The service provides a means for eligible patients to get to their medical appointments. In the past, patients have booked transport through their own GP practice, however bookings have now been centralised and are made through Pennine Care NHS Foundation Trust’s Appointment Centre with one dedicated telephone line for patients to ring.

Eligibility criteria has been introduced, which allows patients to be objectively assessed, based on their medical or clinical needs. A new system has also been put in place, which allows transport to be booked electronically with NWAS, rather than having to be sent via fax or telephone. This assists NWAS in planning the journeys, speeds up the whole booking process and has created a more effective service.

The introduction of the criteria and the small team that is now responsible for making sure requests adhere to it (as opposed to 50 different GP practices), has created an equitable system that is helping to make sure that people who genuinely require transport are able to access it. It is worth noting that NWAS has seen an increase in the number of wheelchair users.

3. Minor oral surgery

*A new dental service is delivering an improved service for patients and has helped NHS Oldham to save nearly £200,000. People are being treated more quickly and are benefiting from a high quality dedicated service.*

In July 2011, NHS Oldham commissioned a dental CATS (Clinical Assessment and Treatment Service) to provide minor oral surgery for people across Oldham.

Previously patients requiring minor oral surgery procedures were seen and treated in hospital, when their treatment could have been more appropriately provided in a community setting.
4. Changes to dermatology services

A new dermatology service is delivering an improved service for local people and will help NHS Oldham to save money.

In September 2011, NHS Oldham commissioned a new CATS (Clinical Assessment and Treatment Services) dermatology (skin problems) service, which runs from the Oldham Integrated Care Centre (ICC). The service sees dermatology patients from across Oldham, except those with suspected cancer, who are still referred to hospital.

Prior to its launch, dermatology patients would be seen by one of two interim community-based services, one of which was out of the Oldham area.

This new service can adapt to meet patient demand (for example, bring in more staff at busy times) and employs consultants, which means patients with more complex conditions can be seen in the community, rather than in hospital.

In addition, people are also waiting less time for treatment and are receiving a high quality specialist service.

Because people can be seen in the community, which is more cost effective than being seen in a hospital setting, the new service will deliver financial savings.

Work is underway to look at the possibility of the service being able to prescribe medication to patients, in line with strict prescribing guidelines. If agreed, this will save patients having to go back to their GP and, as there is a Lloyds Pharmacy on site at the ICC, patients can receive diagnosis and treatment all in one go.

5. Positive feedback

The feedback from patients has been very positive. Comments have included: “On time and speedy service. No waiting”; “The service was very good and the doctor fully explained my options”; “Prompt, efficient, courteous, sensitive and professional service. Thank you.”

5. 23 hour stay for breast surgery patients

Changes in breast surgery now mean that some women can spend significantly less time in hospital and can recover in the comfort of their own home. The change will also help NHS Oldham to deliver financial savings, as providing care in the community is more cost effective than doing so in hospital.

The changes were implemented in July 2011 and women can spend as little as 23 hours in hospital, following their operation. In the past their stay could have been anything from six days to two weeks.

6. Reformed sexual health services

Sexual health services are in the process of being integrated which will improve services for patients and deliver value for taxpayers’ money.

Work began in August 2011 and, following a procurement process, the intention is bring together Genito-Urinary Medicine (GUM) and the Contraception and Sexual Health (CASH) services.

The integrated service will be delivered through a specialist centre, supported by community-based clinics.

Patients will benefit from a better and more seamless experience. They will also have a
A clearer idea of the range of services available and be able to access them more easily.

In addition to delivering better value for money, it will also ensure that clear joint management arrangements can be developed, along with clear clinical leadership and accountability.

7. Integrated pathway hubs for Musculoskeletal services

NHS Oldham and Oldham NHS Clinical Commissioning Group (CCG) have begun to implement their new strategy for commissioning, which is expected to improve patient experience and outcomes, quality and deliver value for money.

Oldham CCG’s strategy for commissioning in Oldham outlines how they will manage clinical programme areas using a ‘programme budget’ approach. This means assigning an area of health and a budget to clinical directors.

NHS Oldham has appointed an Integrated Pathway Hub (IPH) for musculoskeletal conditions. This is a health care organisation that is responsible for the quality and cost of the entire patient pathway (all treatment that the patient receives), while also providing patients’ care.

An IPH can deliver better outcomes for patients because it has the expertise of understanding integrated pathways (this means patients’ care from beginning to end) and how suppliers should work together.

8. Reducing unnecessary tests

Pathology pathways (all the stages of care for patients) have been streamlined to ensure that people receive appropriate tests at the right time; receive a timely diagnosis and treatment in a primary care setting. The changes are also achieving better value for money.

9. Reducing vitamin D testing and supplement prescribing

Proposals have been made to introduce new vitamin D guidance to GP practices in Oldham – which evidence has already shown can deliver significant reductions in the cost of prescribing supplements.

The cost of treating vitamin D deficiency is very high in Oldham. The new protocol, which concerns appropriate testing and prescribing, has already been successfully tested in a local practice.

It is envisaged that existing guidelines will be incorporated into an Oldham-wide policy for vitamin D testing and prescription.
Continuing Healthcare

A new system is being introduced which will help ensure that patients in care homes receive quality care and more cost effective services.

Continuing Healthcare (CHC) is care that is funded by the NHS for people with long-term, ongoing complex and intense health needs. Care can be provided in any care setting including residential care homes or in the community, at home.

Spending on CHC has historically exceeded agreed budgets. This was mainly due to the impact of national guidance and the resulting growth in cases funded through CHC or Funded Nursing Care (FNC). This increase has now stabilised. In response to the Quality Innovation Productivity and Prevention (QIPP) programme, an extensive review was carried out. The review enabled schemes to be identified and implemented to ensure efficient and productive services were provided to patients.

Local schemes have included:
- Recommending standard nursing care home fees
- Ensuring CHC framework criteria was applied to all new cases
- Implementing an Equity and Choice for CHC Policy, offering better services, reasonable choice and better value for money and ensuring best practice is carried out at every opportunity across Oldham
- In addition, the top 50 high cost cases have been included in the case review process which was carried out by CHC case managers.

NHS Oldham is participating in a North West programme to establish a framework agreement with care homes for the provision of CHC services.

As part of the framework, PCTs have recommended a standard weekly fee for a placement within a care home and standard rates for additional care. PCTs recommended a standard fee for agencies who provide carers to go into patients’ homes (domiciliary care).

Increasing the use of batch biochemistry tests

NHS Oldham is recommending the use of ‘batch’ biochemistry testing, rather than using several single tests, when diagnosing patients. This will help to ensure better treatment and care for patients and will help NHS Oldham to save money.

Batch testing means that a patient can be tested for several things at one time, rather than having to undergo several single tests.

The test for sex hormones, for example, now includes multiple items.

This will not only save money, because NHS Oldham is paying for one test rather than several, but will also allow the patient to receive faster diagnosis and treatment and mean they have less visits to their GP practice. It will also allow the clinician to gain a fuller picture of a patient’s condition, helping to ensure more appropriate treatment.

Supporting long-term conditions

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<td>£1.4 million</td>
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<tr>
<td>Total</td>
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1. Continuing Healthcare

A new system is being introduced which will help ensure that patients in care homes receive quality care and more cost effective services.

Supporting long-term conditions

2010/11 - £0.3 million  •  2011/12 - £1.4 million  •  Total - £1.7 million
A service specification for each home will include key performance indicators and agreed quality outcomes. Working in collaboration with the local authority, homes will be visited by local quality monitoring officers.

Areas assessed include nutrition, privacy and dignity, patient choice, pressure sore development and prevention, cleanliness and infection control.

Local schemes and the CHC framework agreement are expected to further build on the success.

Case study
A review involving different teams found that the care being provided to a client no longer met his needs. The client was moved to be cared for by a provider in Greater Manchester which was able to provide for his complex needs. The review also found that the client was eligible for FNC and not CHC. These changes resulted in a saving of £114,000 per year.

Large scale prevention

1. The health improvement service

Oldham’s health improvement service is being reviewed to make sure that patients’ needs can be more easily prioritised and that clinicians make the most of every opportunity to offer people health promotion advice. This will also save money by reducing duplication.

Currently the health improvement service, run by Pennine Care NHS Foundation Trust, delivers various services under the ‘umbrella’ of health improvement, for example physical activity and stop smoking. If the changes are agreed, the services will be aligned to three key themes: (1) making every contact count; (2) a single point of access for lifestyle advice and support and (3) community development.

The community development work will link in with the district/neighbourhood team structure, which is being established across the borough by Oldham Council. This will include a single point of access and a review of the budget.

2. Stop smoking service

In 2010/11, Oldham’s stop smoking service exceeded targets, helping 2034 people to give up smoking against a target of 2008. They have continued to exceed the target in both quarter one and two of this year (2011/12), meaning the annual target is likely to be met.

Smoking is a key factor in conditions such as stroke and cardiovascular disease so work is being done across Oldham to reduce the number of people who smoke.

The service, which is commissioned by NHS Oldham and run by Oldham Community Health Services, part of Pennine Care NHS Foundation Trust, offers a variety of services to people who want to give up smoking. These include drop-in sessions; appointment slots; phone support; home visits and text messaging. Advisors also work at The Royal Oldham Hospital, in health centres, at Tommyfield market and with local businesses. The aim is to make it as easy as possible for people to access support.
They have also been working hard to provide tailored support for specific groups, including pregnant women, young people and people from Black and Minority Ethnic communities. For example, a significant proportion of people from Oldham’s Pakistani community are heavy smokers. A specific advisor works with this group of people and ‘one-stop-shops’ have been offered to them at Ramadan.

The service is also working with Trading Standards to highlight the risks of illegal and black market tobacco and is working on specific campaigns with Tobacco Free Futures, which is a North West organisation that aims to tackle tobacco harm, drive down smoking and reduce childhood addiction.

Positive feedback
Limeside patient Heather Cooper, 54, had smoked since she was 15 years old and in the last few years has had three heart attacks and a quadruple heart bypass operation.

Heather said: “Although my friends and family didn’t think I would be able to give up, they are proud that I have. It was very hard to stop because I enjoyed smoking, if I was stressed it helped me to calm down and feel better. But thanks to the stop smoking service I have found other ways of doing this now. They have been like family, always on the end of a phone. Now I have money to have the heating on for longer, I can afford new furniture and I’m decorating in the house. I used to get breathless, but now I can get about more easily.”

3. Chlamydia screening

Work to encourage young people to be screened for Chlamydia is helping to safeguard their future health. This in turn will help NHS Oldham to make savings, by reducing the risks of further health problems that can be caused by undiagnosed Chlamydia and the associated costs of treatment.

NHS Oldham has been working with a wide range of providers to increase the number of Chlamydia tests that are carried out in the community, for example in GP practices and by Pennine Care NHS Foundation Trust’s Contraception and Sexual Health Service.

This is because evidence shows that encouraging higher numbers of young people to attend screening can be maintained over a long-term basis when the screening is offered in places such as these.

The number of screens carried out in GP practices in Oldham is above the national average (19.1 per cent compared to 12.8 per cent) and the total number of screens carried out in these ‘core services’ is also higher than the national average (71.5 per cent compared to 47.9 per cent).

Other work to encourage uptake of screening includes commissioning Brook, the national organisation that offers advice and information
to young people, to offer screening in local colleges and from a shop unit in the town centre. Brook staff will also offer outreach sessions in venues such as bars and clubs. This work will help to ensure young people have easy access to screening, making it more likely that they’ll take up the opportunity.

4. REACH physical activity scheme

Early results from an Oldham exercise scheme for patients with conditions such as heart disease show it has helped to improve their health.

There have been reduced hospital admissions; patients are using less medication; a reduction in the number of operations patients needed; less frequent visits to GPs and improved quality of life.

REACH is an exercise referral scheme commissioned by NHS Oldham and run by Oldham Community Leisure Ltd. Rehabilitation is offered during sessions for patients with a respiratory condition known as Chronic Obstructive Pulmonary Disease (COPD), heart disease and patients receiving spinal rehabilitation. Patients are referred to the service by health professionals such as GPs.

Positive feedback
A 78 year old patient said: “After attending the hospital they recommended that I continue exercising using the REACH scheme. The visits have certainly benefited my health and I have not been admitted to hospital since joining.”

5. NHS health checks scheme

A scheme which aims to identify people at risk of conditions such as heart disease and stroke before they become ill has seen more than 3,000 people in Oldham during the year so far.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease by inviting people between the ages of 40 and 74 years (who don’t already have one of these conditions) to visit their GP for a check up.

This year (2011/12), in order to increase the number of people having a health check, NHS Oldham has taken a targeted approach to the delivery of health checks, with the aim of identifying and checking patients with the highest risk of having one of the above conditions.

During 2011/12 NHS Oldham aimed to invite all of the 4,475 patients with the highest risk scores. At the end of November 2011, 3,687 invites had been issued and 3,434 health checks delivered.

6. Abdominal Aortic Aneurysm screening

A scheme which aims to pick up a potentially life threatening condition before patients become ill has been able to offer treatment to five men in Oldham.

An abdominal aortic aneurysm is caused when the main blood vessel in the body – the aorta – weakens and starts to expand. If undetected, the aorta may not be able to withstand the pressure of blood inside and it may burst, causing severe bleeding, which may lead to death.

AAA screening is offered to men aged between 65 and 74 years via a simple ultrasound scan. The NHS AAA Screening Programme aims to reduce deaths from ruptured abdominal aortic aneurysms by around half by detecting the condition early and offering appropriate monitoring and treatment.

Between April and October 2011, 95.89 per cent of eligible patients in Oldham were offered Abdominal Aortic Aneurysm (AAA) screening; 79.51 per cent accepted the offer;
75.66 per cent of patients were tested and five people (1.47 per cent) had an aneurysm.

**Positive feedback**

Victor Hallam, 65, from Watersheddings, was the first person to be seen by the Greater Manchester Abdominal Aortic Aneurysm Screening Programme in 2010. The screening saved his life, after it detected an aneurysm.

Victor said: “I can’t thank the screening programme enough, it’s fantastic and it saved my life. If I hadn’t gone for the scan I’d be dead now. I was frightened at first when I found out I had an aneurysm and they said I needed an operation, but I weighed up all the options and I knew I had to have it.

“I thought I wouldn’t want my daughter, grandson and great granddaughter to lose another parent and grandparent.”

7. Diabetic retinopathy screening

More than two thirds of people in Oldham with diabetes have been helped to avoid potential blindness through a screening programme.

Diabetes can cause diabetic retinopathy which affects the tiny blood vessels of the eye and if they become blocked or leak then the retina and possibly sight will be affected. Diabetic retinopathy screening involves taking a photograph of the eye to see if there have been any changes caused by the condition.

Up to November 2011, the number of people who had diabetic retinopathy screening was consistently around 80 per cent.

The aim of the national diabetic retinopathy screening programme is to reduce the risk of sight loss among people with diabetes by early identification and successful treatment. The screening is offered every year to people with diabetes who are aged over 12 years.

8. Specialist Weight Management Service

A new specialist weight management service is helping to improve the quality of life for people who are overweight and helping NHS Oldham to make savings in terms of helping people avoid needing bariatric surgery and managing the cardiovascular (heart-related) complications associated with obesity.

In October 2011 NHS Oldham, in partnership with NHS Salford and NHS Manchester, implemented a new level three specialist weight management service. GPs can refer people with a BMI (Body Mass Index) of 30, who are:

- Overweight or obese; who often have significant co-morbidities (health problems)
- Pregnant and require pre and post-natal weight management support
- Candidates for bariatric surgery who require assessment and treatment

By supporting people who are overweight or obese to lose weight and live a healthier lifestyle, the risks of people needing emergency treatment because of health problems linked to their weight are reduced.
Primary care and prescribing

1. Review of PMS and GMS contracts

Work has been done to review Personal Medical Services (PMS) and General Medical Services (GMS) contracts with GPs. This work is delivering many benefits in terms of quality, consistency and efficiency. In addition £487,000 of savings are now available for re-investment in additional services delivered by primary care providers.

NHS Oldham, in partnership with the Local Medical Committee, has developed a new standard approach to getting the most out of PMS contracts. For example, NHS Oldham has worked with the clinical directors to develop three supplementary enhanced services that will be offered by PMS practices, which will support patients with Chronic Obstructive Pulmonary Disease (COPD), diabetes and heart failure.

These services will be analysed to help NHS Oldham to understand how services such as these can be resourced by reducing spending on other health services and allow the clinical directors to develop more services like this.

Clinical directors are part of Oldham NHS Clinical Commissioning Group and will oversee an area of health and a budget.

Formal contract reviews will also be implemented at GMS practices between January and April 2012. This will ensure that every GP practice contract is rigorously reviewed with the aims of reducing variations across GP practices, improving patient access and ensuring that patients can be confident of receiving a high quality service from their GP practice.

2. Review of Local Enhanced Services

A review of Local Enhanced Services (LES), which are locally developed services designed to meet local health needs, is ensuring that money is being spent in the best way to meet local people’s needs. More than £700,000 of savings have been delivered.

The review has involved making sure the LES are still relevant, are continuing to meet people’s needs and aimed to avoid duplication. This work means that the use of all contracts is maximised. Some services have been decommissioned as a result, however NHS Oldham has made sure that patients can continue to access the services they need.

3. Review of the dental budget

A review of Oldham’s dental contracts has delivered around £350,000 of savings, while ensuring that the services provided are efficient and meeting patients’ needs.
4. Prescribing

Thousands of Oldham patients are putting their health at risk – and it’s costing the NHS locally up to £3m every year.

A local survey has found around one in 12 people in the borough have received prescription medicines they either don’t need, or don’t use.

An NHS Oldham communications campaign will be running in Oldham to tackle this problem. This campaign is supporting wider NHS Oldham work with GPs to ensure only cost effective medicines are prescribed.

NHS Oldham’s medicines management team have been working with the Oldham NHS Clinical Commissioning Group clinical director for prescribing to assess how prescribing fits in with all health services, to improve patient experience and deliver savings. This work includes the following areas:

- **Statins:** Work continues to support GP practices on prescribing cost effective statins. £286,000 has been saved in the first nine months of 2011/12.

- **Repeat prescriptions:** Plans are being rolled out for GP practices and patients to take control of the repeat prescribing process as a first step in reducing waste and delivering savings in this area. Ten GP practices are being funded to improve management of repeat prescriptions.

- **ACE inhibitors:** Work with GPs to increase the prescribing of ACE inhibitors, a type of medicine for blood pressure. As a result £235,000 has been saved over the first nine months of 2011/12.

- **Proton Pump Inhibitors:** Work with GPs to encourage the prescription of cost effective Proton Pump Inhibitors (medicines for stomach conditions such as ulcers). This has so far saved £233,000 against a target of £75,000 since April 2011.

To date, the first phase of work has involved looking at areas such as statin prescribing across the whole of Oldham. The next phase will involve working with some GP practices on specific issues.

The NHS Oldham communications campaign will feed into a Greater Manchester communications plan being developed, which will look at raising awareness among the public on medicines waste. This aims to educate the Greater Manchester public on the benefits of taking medication correctly and to promote the ways in which they can access information, advice and support to do this.

5. Reducing inappropriate use of medicines

NHS Oldham is working with GPs to try to ensure patients get the most appropriate medicines for their condition. An example of this work is guidance and training being provided on certain antibiotics which are more likely to lead to *C. difficile* infections.

Cephalosporins and Quinolones are types of antibiotics that are more likely to lead to patients developing a *C. difficile* infection. NHS Oldham has developed an antibiotic...
policy which provides guidance on common infections and use of antibiotics in each instance.

To measure improvements in practice and assess the appropriateness of prescribing an audit was carried out in 43 practices. Cefalexin and Ciprofloxacin were the most commonly prescribed antibiotics and were prescribed in 91 per cent of cases.

Cefalexin and Ciprofloxacin were prescribed in approximately half of the cases where an alternative would have been more appropriate as outlined in the policy. The medicines management team has set monthly target reductions for each practice and agreed to monitor action plans. Training has been delivered by the consultant microbiologist.

Other examples of reducing inappropriate use of medicines include:

- encouraging doctors to prescribe more cost effective medicines known as ACE inhibitors for blood pressure rather than ARBs, another type of medicine.
- working with doctors to ensure Clopidogrel is only prescribed to prevent patients’ blood from clotting for a time limited period.

6. GRASP-AF (Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation)

In April 2011, NHS Oldham implemented a new GRASP-AF (Guidance on Risk Assessment and Stroke Prevention for Atrial Fibrillation) in all GP practices, which is a system that identifies patients with Atrial Fibrillation (an irregular heartbeat) based on patients’ symptoms. GPs can then prescribe patients with anti-coagulation (medication), which helps prevent them having a stroke.

7. Increasing breastfeeding rates

NHS Oldham is working with Pennine Care NHS Foundation Trust, GPs and other clinicians to increase breastfeeding rates. Evidence shows breastfeeding can deliver many health benefits for both mums and babies – meaning this work can indirectly support financial savings well into the future.

After being awarded Baby Friendly Status in 2010/11, work is now being done to make sure that breastfeeding messages are embedded in all health-related communications. For example through the ‘red book’ that all new mums receive.

Breastfeeding can have a positive impact on a baby’s health in many ways, including reduced risks of getting stomach upsets and becoming overweight as they grow up. For mums, the benefits include a reduced risk of getting breast and other cancers.
1. Out of borough placements

*NHS Oldham has been working closely with Pennine Care NHS Foundation Trust to care for people with complex, severe and long-term mental health issues closer to home. This delivers many benefits for the patient and also saves money.*

A new and robust process has been developed which meant that during 2011/12 a number of clients from the Oldham area, who have previously been cared for in rehabilitation hospitals across the country, have been able to move back to and receive care in Oldham. This achievement means patients can be closer to their family, social and support networks and local services. It also supports them to move towards living more independently in their home town and gives them a greater choice about daily living.

2. Review of mental health access points

*A review of mental health access points (how people access more specialist services, after seeing their GP), carried out during 2011/12, will help local people to have improved access to mental health services.*

The review concluded that there were too many access points; that it was unclear for patients; that the referral criteria differed and that a variety of different assessments existed.

The decision was made to introduce a single point of access (all patients will be initially referred into one central service), which will be provided by Pennine Care NHS Foundation Trust. One single referral criteria will be created and all care pathways will be streamlined.

The new service will be based on a ‘stepped care model’. This means the services will be appropriate to patients’ needs, for example patients will be referred to the least restrictive services first (such as community-based services) and will be ‘stepped up’ if their symptoms continue or become worse.

The new service will also provide data that demonstrates patients’ ‘recovery’ progress. One way that this will be collected is through a score-based questionnaire.

In addition to the single point of access, on April 1, 2012 four primary care mental health teams will merge into one, which will bring together many different services.

These changes will deliver many benefits for patients. The service will be able to see more patients, without the need for extra resources, which it is hoped will reduce patient waiting times. It will also be easier for patients to know what mental health services exist in Oldham and how to access them. The recovery progress feedback also means patients will be able to see their improvement, which in itself can support recovery.

The improvements will also benefit clinicians as they will be clearer about the range of services available and will be able to refer their patients more easily.

3. Reconfiguring mental health services

*Two mental health teams have merged resulting in a more cost effective service.*

Pennine Care NHS Foundation Trust has recently merged the secondary care (specialist) ‘community mental health teams’ with the ‘assertive outreach services’, which provides...
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mental health services for people who are typically difficult to reach.
Merging them has reduced duplication, allowed them to share expertise and resources and has resulted in a more cost effective service. While the reconfiguration has not resulted in any direct cost savings, it has allowed NHS Oldham to avoid possible cost pressures as a result of an increasing number of people using the services.

4. Mental health needs assessment

Work is being done by NHS Oldham’s public health team to better understand the mental health needs of local people. This information will help NHS Oldham and Oldham’s CCG, to commission services to meet people’s needs and make the best use of taxpayers’ money.

In the past, NHS Oldham’s knowledge of local people’s mental health needs has been limited and commissioning decisions have been based on activity (for example how many people use a service) and national predictions.

Work is being done to strengthen this knowledge and Oldham’s public health team has already carried out a rapid needs assessment (an overview of needs) in terms of children and young people’s mental health. This work includes looking at the demographics of people needing hospital treatment and the problems they have.

A thorough health needs assessment of Oldham people’s mental health needs is now being undertaken, initially to find out the needs of children, adolescents and their families. This information will help NHS Oldham to plan appropriate community-based services to meet these needs.

This group has been chosen first, because identifying and treating people's mental health issues early in their life can reduce the chances of them needing more intensive treatment as they grow up.

Work around children and young people’s mental health will benefit from Pennine Care NHS Foundation Trust becoming a children’s pilot site for improving access to psychological therapies for children and adolescents, for example family therapy. It is one of only a small number nationally.

5. Mental health programme budget approach

As part of the CCG’s work to improve health through a programme budget approach (assigning areas and budgets to clinical directors) an Integrated Pathway Hub (IPH) is being set up and will run as a pilot scheme from April 2012 to September 2013.

The main features will be that the IPH manages the whole care pathway (all the stages of care for patients) so that services are integrated, there are improve clinical outcomes for the population and individuals, there is more shared decision making and health care is more efficient.
1. Redesigning urgent care services

Urgent care services in Oldham are being redesigned to ensure patients can be seen by the health professionals they need to be seen by and receive the right service in the right place at the right time.

Urgent care is the range of responses that health and care services provide to people who need – or think they need – urgent unplanned advice, care, treatment or diagnosis. This usually involves one of the following:

- calling NHS Direct or the out of hours GP service
- walking into an A&E department, walk-in service or GP surgery
- calling the ambulance service (999)

Oldham NHS Clinical Commissioning Group (CCG) is working with providers including Pennine Care NHS Foundation Trust, Pennine Acute Hospitals NHS Trust, Oldham Council and GO To DOC to put in place an integrated system for urgent care.

Providers have been asked to work as a partnership to consider how organisations can work together more efficiently and effectively. The CCG clinical director for urgent care, Dr McMaster, will be working with the partnership and GPs will be asked for their views on how demand for urgent care services can be better managed.

Part of the work on urgent care is to improve the understanding of professionals across all health services of the range of services provided in hospital, the community and primary care, as well as social services through local authority involvement.

As services become more linked together, it will reduce the likelihood of patients going to different places before they receive the treatment they need.

Work has commenced developing improved pathways (all the stages of care for patients) for specific patient groups.

Examples include:

- Intermediate care physiotherapists in the Royal Oldham Hospital’s A&E department working with social workers, doctors and other hospital-based health professionals to avoid people needing to be admitted to hospital where possible. Intermediate care is a range of services designed to help patients stay as independent as possible.

- Children’s community nursing team working with a number of GP practices to assist in developing their understanding of which conditions can be referred to the community team. The number of referrals
to the community nurses from these GP practices has increased six fold since the pilot scheme started

- Intermediate care - Butler Green House Care Home now has eight clinically enhanced intermediate care beds. This means patients who are assessed as being suitable, can be cared for in these beds rather than needing to go to A&E or hospital.

The service redesign work is expected to be completed by April 2013 and it is hoped it will help to avoid inappropriate admissions to hospital and lead to improved patient experience. The aim is to design services which run as efficiently and effectively as possible in the future.

2. Community-based pulmonary rehabilitation programme

An Oldham rehabilitation scheme is helping to improve the health of patients with breathing conditions such as Chronic Obstructive Pulmonary Disease (COPD).

An initial evaluation of the scheme has shown it has made a difference to patients’ quality of life. Patients were assessed before and after a course and the results showed they were able to walk further, their breathing improved and their level of anxiety and depression had reduced.

Patients with COPD and long-term respiratory conditions who have been assessed as needing pulmonary rehabilitation have been able to take part in a pilot scheme since March 2011. The scheme aims to help them manage their condition and improve their quality of life.

COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder for air to get in and out of the lungs. In more severe cases, people may be short of breath every day and because of breathlessness, normal activities can become more difficult.

A pulmonary rehabilitation course includes a physical exercise programme, carefully designed for each individual and advice on lung health and coping with breathlessness. With the support of trained health professionals - physiotherapists, nurses, occupational therapists, doctors and many others – a pulmonary rehabilitation course teaches patients how to increase activity carefully, cope with breathlessness and manage periods of panic better.

In Oldham pulmonary rehabilitation is provided by the British Lung Foundation team and commissioned by NHS Oldham.

It is expected that the scheme will help to decrease the number of patients who need to go to hospital in an emergency and the number of times they need to do so, and so the spending on providing that care will reduce.

3. Developing a new service model for end of life care

A pilot scheme for patients in their last weeks or days of life is helping to reduce the risk of them needing to go back into hospital and provide support in their preferred place of care.

The scheme also means community services can be contacted early so they can ensure support is in place and if patients do need to be admitted to hospital, the amount of time they need to spend there can be reduced.

A pilot project began in October 2010 to develop the Rapid Discharge Pathway for patients in their last weeks or days of life. The pathway started to be used in October 2011 at the Royal Oldham Hospital.
A clinical pathway describes the process, stages and timing for when doctors, nurses and other health care professionals will provide diagnosis, treatment or other health care.

The aim was to create a process which would enable end of life care patients to be supported to leave hospital quickly and safely. Prior to the new process, patients could wait up to 24 hours to go home if they needed to wait for patient transport or specialist nursing equipment.

New guidance has been created which describes what actions need to be taken and the roles of different staff. The transfer of care team at The Royal Oldham Hospital is responsible for managing the process.

The project also aims to support patients in their preferred place of care, for example, if they choose to die at home. Nationally 57 per cent of patients want to die in their own home, but only 18 per cent do.

The scheme is led by NHS Oldham and run in partnership with North West Ambulance Service, GO To DOC, Pennine Care NHS Foundation Trust, Pennine Acute Hospitals NHS Trust and Oldham Council.

It is expected that the project may lead to savings and improved patient experience. There has been positive feedback from the district nursing service who feel a more efficient service is being provided.

4. Community Recovery Unit

NHS Oldham has used positive lessons learned from establishing and running a temporary rehabilitation service to develop a cost effective clinical enhanced service (care for patients with more complex needs). This service allows patients to receive care and support to recover and become more independent in a community setting, rather than having to stay in hospital.

The Community Recovery Unit (CRU) was set up in February 2009 to look after patients who were well enough to be discharged from hospital, but not quite well enough to go home, for example they may have needed rehabilitation. It was established as a temporary service to take the pressure off The Royal Oldham Hospital during the winter period, however the service continued for two years.

The service was decommissioned in January 2011 because it was costing £2m a year to run; was often not operating at full capacity and, more importantly, that the support patients need to come out of hospital safely could be offered in more cost effective ways. Staff working at the facility were either re-deployed or found other jobs.

The positive lessons learned from the CRU have been used to develop the current clinical enhanced service, which has seen eight clinically enhanced beds open at Butler Green Intermediate Care Service. This is a 28 bed facility that provides care and rehabilitation services.
Making services safer

1. Safety Express Scheme

NHS Oldham, along with other local providers, is delivering a national scheme, which aims to help the NHS to develop safer systems in hospitals and community care settings. In addition to improving patient care, the scheme will also help to deliver significant savings. This is because patients who experience harm, may need to spend more time in hospital and receive extra care and treatment as a result, all of which costs money.

NHS Oldham is working with Pennine Acute Hospitals NHS Trust and other local providers, on a national quality improvement initiative called ‘safety express’. The aim is to help the NHS to develop safer systems in hospitals and community settings and to reduce harm caused to patients from:

- Hospital and community acquired pressure ulcers
- Blood clots (DVT and pulmonary embolism)
- Urinary tract infections in patients with catheters
- Falls in care settings

Information related to patient harm in these areas is being collected over a six month period and the findings will be reported back to NHS Oldham in March 2012. By understanding how this harm is caused and what effect it has on patients’ care and treatment, the aim is to reduce cases by 95 per cent during 2012.

Workforce and consultancy

| 2010/11  | £1.1million | 2011/12  | £800,000 | Total   | £1.9million |

Efficiencies have been delivered through a reduction in management costs in line with national guidance.

Management costs are defined as staffing costs, on both an employed and consultant basis and are mainly associated with back office and management services.

The efficiencies have been made primarily through reducing spending on consultancy and agency staff and releasing staff vacancies as they arise.
Other local schemes

2010/11 - £2.8million  •  2011/12 - £1million  •  Total - £3.8million

1. Estates rationalisation

*NHS Oldham has delivered efficiencies by making the most out of the use of its properties.*

*The sale of properties has delivered £1.8m of capital receipts (proceeds from the sale of capital assets such as buildings), which has been used to improve or further develop GP premises.*

*Cost efficiencies of £1m have also been delivered through reducing lease, rental and rates costs, utilities charges, maintenance and so on.*

Properties that have been sold include Marjory Lees Health Centre; Cannon Street Health Centre; Royton Health Centre; Limeside Clinic. The sale of Springhead Clinic and the Woodfield Centre is imminent (at January 2012) and leases on buildings have been ended.

This has been possible due to the investment in five LIFT (Local Improvement Finance Trust) developments located in Moorside, Glodwick, Oldham town centre, Royton and Werneth.

Positive feedback

Abbey Hills resident Dennis Sergeant is a patient at Kapur Family Care which moved into the newly opened Werneth Primary Care Centre in December 2011. He said: “I’m very impressed with the new centre, it’s definitely an improvement on the old premises. It’s as easy to get to, there is better parking and I can pick up my repeat prescription from the on-site pharmacy, which will make life easier for me.”

Lyn Brankin, NHS Oldham’s head of estates, said: “The sale of NHS Oldham’s older buildings and the development of the five new LIFT buildings mean we can be confident that we are providing patients with high quality and modern facilities, which are easily accessible. We are leaving a lasting legacy for future generations of patients in Oldham.”

2. Review of shredding service

*A review of NHS Oldham’s shredding service has saved £7,000 during 2011/12.*

The review found that NHS Oldham staff were using the confidential bins, which are expensive to empty, to recycle non-confidential waste.

To resolve this issue, the operations team has reduced the number of these bins at Ellen House and liaised with the communications team to circulate information to staff about using the confidential bins appropriately.

3. Parking fees

*Use of the car park at the Oldham Integrated Care Centre has been extended to the general public, which has generated around £10,000 during 2011/12.*

In order to ensure that parking spaces are available for patients attending an appointment at the centre, who do not have to pay, NHS Oldham has taken steps to discourage large numbers of people parking in the centre’s car park.

This has been done by setting the parking charges higher than elsewhere in the town centre. By doing this, members of the public are less likely to choose to park there, but can
do so if they wish. The car park is typically used by lawyers attending the nearby court.

4. Outgoing mail system

NHS Oldham has reviewed the outgoing mail system, which has saved around £2,500 during 2011/12. Further planned changes are expected to save a further £1,000. The changes have also succeeded in improving efficiency and reducing the amount of time post room staff spend franking mail.

Mail is now processed by TNT, rather than Royal Mail. A further improvement that is planned is the implementation of a ‘clean mail’ system, which means addresses must be printed on envelopes and done so in a specific way. On top of the additional savings, this change will also improve the quality of outgoing mail, which benefits the reputation of NHS Oldham.

5. Bookable rooms

NHS Oldham is offering use of clinical and meeting rooms at Oldham’s five new health centres to the general public and stakeholders, which will generate income.

NHS Oldham’s communications team is working with the operations team to promote these bookable rooms to members of the public, groups and local organisations. Information has been sent to the local press, partner organisations and is available on NHS Oldham’s website.

6. 1E Night Watchman

A new information technology system called 1E NightWatchman has been implemented, which is saving NHS Oldham £43k per year. It also allows any updates to be done at night, so it doesn’t impact on staff during the working day.

The new system turns computers off and back on when needed. For example, they can be turned off in the evening when staff have left work for the day and remotely turned back on that night, when a system update needs to be done.

Positive feedback

Paul Lyons, NHS Oldham head of information management and technology, said: “We are always looking to make improvements to our IT systems. Not only can improved IT efficiency deliver direct financial savings, it also helps staff to work more effectively and smarter, which saves time and money.”

7. New telephone system

NHS Oldham has installed an improved telephone system, which is more efficient and cost effective.

The system links up all of NHS Oldham’s buildings, with the exception of Chadderton Town Health Centre and South Chadderton Health Centre.
NHS Oldham and Oldham Council are working closely together to ensure service users such as those with complex health needs, young people and older people, receive the care and support they need when they need it.

A target was set for 2011/12 to make services more efficient which would save £2 million - £1m for Oldham Council and £1m for NHS Oldham. The focus of this was around improved processes, commissioning arrangements and service redesign. It also included a joint approach to negotiating with providers.

At December 2011, the savings to date have been £1.5m and the target is on track to be achieved.

Commissioning is the process of meeting needs at a strategic level for whole groups of service users and/or whole populations. It includes developing agreed ways of working, ideas about what the services might look like and developing the organisations that could provide the services to meet those needs.

Joint commissioning is the process in which two or more organisations act together to coordinate the commissioning of services, taking joint responsibility for turning strategy into action. This helps to meet local needs in the most appropriate and cost effective way.

Partnership work has been well established in Oldham for a number of years and a Joint Commissioning Strategy was agreed between NHS Oldham and Oldham Council in December 2010. It formalised an integrated approach to delivering key priority outcomes over the next three years.

The strategy focused initially on key priorities where a joint commissioning approach could bring improved outcomes and efficiencies. These areas included joint commissioning systems, mental health, continuing care and community equipment.

In addition to the financial efficiencies through joint working and an integrated approach to commissioning, there have been many improvements with regards to quality of care and quality of life and better patient/service user outcomes.

These include:

- A joint review undertaken on continuing care and complex care to ensure the services provided were efficient and met the needs of patients. Recommendations were implemented around improvements to joint panels, joint approach to commissioning services, developing and improving processes and policies to prevent delays – this is supported by the Oldham NHS Clinical Commissioning Group (CCG) as an area to develop integrated commissioning. The CCG is taking on commissioning health services responsibilities from NHS Oldham

- A joint review being undertaken around children and young people’s mental health to ensure the services are cost effective

- Developing contracts for voluntary sector services where both organisations fund the same provider, for example, Age UK. This reduces the likelihood that the same care or services are commissioned by more than one organisation and ensures more effective monitoring of contracts

- Joint work on community equipment has led to more robust negotiations with providers and improved panel arrangements. The Integrated Community
Equipment Service (ICES) assesses people to identify equipment that will help them to live independently. The equipment can range from small items to help people bathe or dress more easily and items for the kitchen to bespoke chairs and beds to help manage posture and support pressure care.

There is now one assessment undertaken by professionals from across health and social care instead of several assessments; decisions are made more quickly by a joint panel and the panel aims to ensure only equipment that is appropriate to the individual is provided. Work is being undertaken with providers to ensure items are purchased at the most cost effective price.

- Work on out of borough placements has meant a number of people can be supported in Oldham and improves patient experience and as well providing a more cost effective service. Out of borough placements are where people with complex needs are provided with specialist care outside of Oldham.

**Case studies**

**Example A: Patient who had complex needs who was ready to leave hospital.**

A jointly funded placement was set up in a newly commissioned placement outside of Oldham. The person’s needs are being met by the new provision which is supporting her mental health and wellbeing needs, including contact with family which is built into the care provided.

**Example B: A young person moving from children’s services to adult services.**

The package included funding from Oldham Council and NHS Oldham. Joint work has enabled the young person to be supported into appropriate supported living. This has saved more than £50,000.

NHS Oldham and Oldham Council are working jointly to ensure they can meet the needs of the young person if these change.

**Example C: Person with learning disabilities living in a nursing home placement outside of Oldham.**

The person was brought back to Oldham through a scheme known as Shared Lives in order to meet his complex range of needs. This was achieved jointly by using health services and Oldham Council’s resources to support him. This resulted in a significant cost reduction to NHS funding and meant Oldham Council could look at providing funding for other services.

**Example D: Safe Care team – patient story**

This case study is an example of how a young man can be successfully supported by all the professionals involved in his care working in partnership; investing their time and experience in enabling a good quality of life; innovation; productivity and prevention of psychological and physical harm for this patient. This is a story of getting it right for the patient and the changes made have also contributed to some savings.

It emphasises the importance of keeping the patient at the centre of the commissioning process so good quality and cost effective care can be commissioned. The case management process ensures that when patients are placed out of borough, plans to enable the patient to return as close to home can be made as soon and as safely as possible.

Alan has a severe learning disability. He was diagnosed at the age of nine with Autistic Spectrum Disorder (ASD) and has had epilepsy since childhood. Alan has a short attention span, communication and behavioural difficulties and a disturbed sleep pattern. He also suffers from a condition known as PICA in which he tends to focus on eating cigarette butts, grass cuttings and plants.
Alan had a history of banging his head against hard surfaces and causing injury to himself. His behaviour and epilepsy were assessed and it was agreed that his behaviour might be related to seizures and/or certain triggers.

He had a tendency to bite himself when he was distressed or anxious and could bang into others and push them away. Alan had also sometimes run away from staff if he was out in the community, but he had no awareness of danger or risk.

Previous attempts had been made to help Alan live in the community, in supported living accommodation, however, his needs had increased significantly and his safety was at significant risk.

Alan was assessed and NHS Oldham commissioned a placement at a specialist epilepsy unit in 2008 and later within a behavioural specialist assessment and treatment unit from 2009 to 2010. The cost to the NHS for this placement was £6000 per week.

Following a 12-month inpatient assessment at the specialist assessment and treatment unit, Alan’s behavioural difficulties reduced, triggers were identified and a range of care was agreed to effectively manage his behaviour and epilepsy.

This care included support from a specialist unit where the staff got to know Alan, and learned how to help him safely, promoting a normal and stable life for him. This support continued for two weeks until Alan became familiar and confident with the new team who would be taking him home.

The social work team had identified a property for Alan to rent in the community in his home town. It was adapted for Alan, to ensure it was safe and secure and was made welcoming and homely with help from his family.

Alan has now been living in the community for the past 14 months, happily and successfully. The support is jointly funded by NHS Oldham and Oldham Council and costs £1,700 per week to each organisation.

He is helped by two support workers who are able to provide Alan with help 24 hours, seven days a week. They are trained in areas such as epilepsy awareness and management and supporting adults with autism.

The team is managed by an experienced team leader who visits a couple of times a week and remains on call for any advice and support needed. The patient is also provided with support at home from a community learning disability nurse, behavioural specialist nurse, social worker, GP, practice nurse and his community clinical psychologist. The professionals meet with the family every four weeks to discuss progress and any concerns or issues arising.

**Third sector contract review**

*NHS Oldham has reviewed all third sector services, in partnership with the providers, to ensure that they were meeting the needs of people in Oldham and were being delivered efficiently and effectively.*

The review concluded that some services needed redesigning to ensure they were accessible to everyone.

The result of this work has ensured that all services are meeting people’s needs; are efficient; has reduced duplication and allowed stronger contracting to be introduced (such as setting out specific things the service needs to deliver).

In addition, by working closely and maintaining a positive relationship with the providers and being open and honest throughout the whole process, NHS Oldham was able to avoid negative publicity about the review.
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