

# Maximising the use of our NHS resources

# Context for Five Year Forward View

**The NHS has dramatically improved over the past fifteen years:**

- Cancer and cardiac outcomes are better and waits are shorter
- Patient satisfaction is much higher
- Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff

# Context for Five Year Forward View

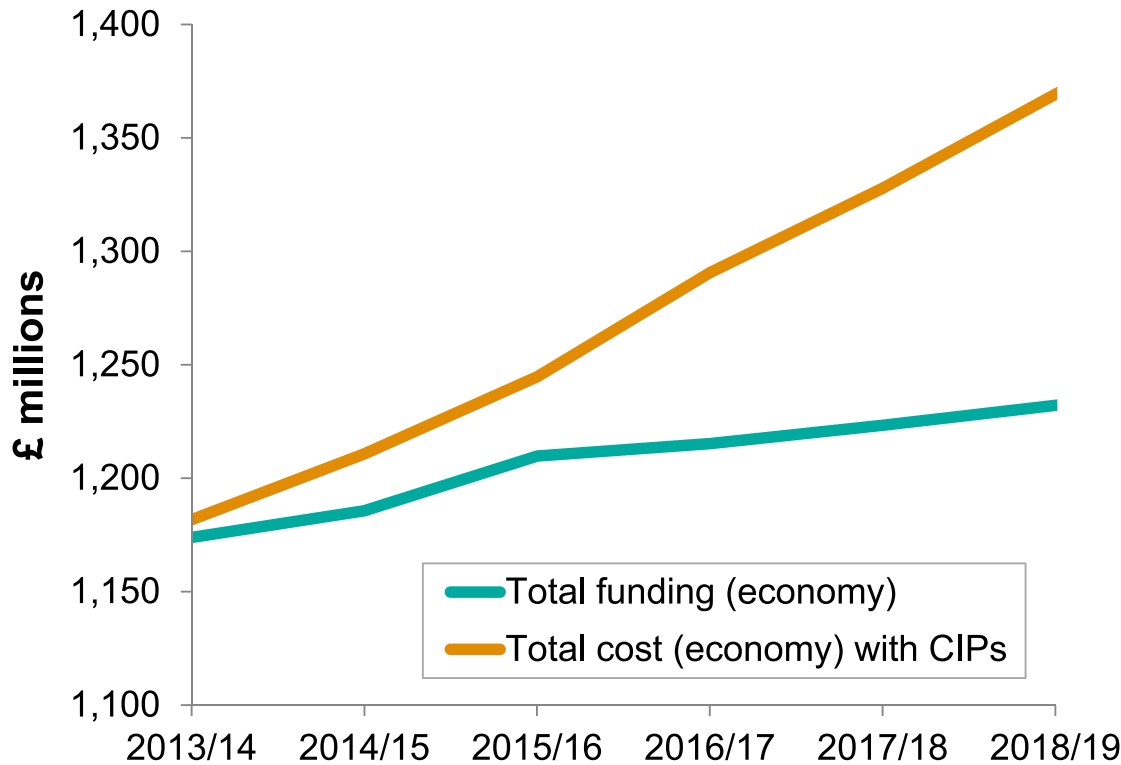
## ...but:

- Quality of care can be variable and preventable illness is widespread
- Health inequalities are deep-rooted
- Our patients' needs are changing
- New treatment options are emerging
- Challenges in areas such as mental health, cancer and support for frail older patients
- Service pressures are building

# Scale of the challenge

	Allocation 2015-16	QIPP target	QIPP target as % of allocation
Nottingham North and East	£179.7m	£7.1m	4.0%
Nottingham West	£117.3m	£2.3m	2.0%
Rushcliffe	£136.5m	£4.5m	3.3%

# Our resources



Gap between funding and costs of care if services continue to be delivered as they are now

## CCG plans

- The South CCGs have plans to address the Quality, Innovation, Prevention and Productivity (QIPP) agenda. Top priorities include:
  - **Quality in primary care**
  - **Pathway redesign**
  - **Contracting**
  - **Medicines management**
- Focus on improving quality of care and value for money, ensuring that patients receive the right care at the right time in the right place
- Also an opportunity to be innovative around service redesign

# Major challenges facing health services

All health services, everywhere, still face 5 major problems:

- **Unwarranted variation**
- **Failure to prevent disease & disability**, e.g. stroke and vascular dementia from AF
- **Waste of resources** through low value activity
- **Harm**, from overuse even when quality is high
- **Inequity** from underuse by groups in high need

# Major challenges facing health services

...and new, additional, challenges are developing:

- **Rising expectations**
- **Increasing need**
- **Financial constraints**
- **Climate change**



# Quality in primary care

## This focuses on:

- Reducing clinical variation between GP practices, where there can be wide differences in the approach to patient care
- Avoiding hospital admissions where possible, through proactive risk and case management
- Improving access to GP practices, e.g. phone triage, online appt. booking, weekend opening pilots, working towards extended opening
- Enhancing opportunities for sharing of records across primary, community and secondary care, out of hours services, and ambulance services, through the Medical Interoperability Gateway

# Pathway redesign

## This focuses on:

- Working with adult social care services to provide holistic patient centred care through aligning health and social care services
- Redesigning services that provide care closer to home e.g. ophthalmology, trauma and orthopaedics and gynaecology
- Testing the primary care management of patients attending ED
- Reviewing the requesting of diagnostic tests including using alternatives in primary care

# Contracting

## This focuses on:

- Working proactively with providers to identify areas of improved patient pathways
- Review of pricing models
- Review of thresholds to ensure that patients have the best outcomes possible e.g. encouraging conservative management of conditions prior to surgery

# Medicines management

## **This focuses on:**

- Medicines optimisation
- Medicine safety
- Evidence based choice of medicines
- Patient experience

# Patient and Public Involvement

- Build on existing feedback and intelligence
- Target different segments, including those who do not actively engage with health services
- Include a plan and spectrum of involvement from building on existing intelligence to co-production

# Coeliac Disease and Gluten Free Prescribing

- Coeliac disease is a common digestive condition – adverse effects are triggered by intolerance to the protein gluten found in bread and many processed foods.
- Locally South CCGs spend approx. £250k providing gluten free products on prescription for patients intolerant to gluten.
- Over 20 -30 years ago gluten free products were not easily available.
- Gluten free products are now readily available in supermarkets and many restaurants label gluten free meals.
- Patients can still eat a wide variety of foods including rice, potatoes, vegetables and fruit.

## Committee is asked to :

1. Support the South CCGs with their plans to address the QIPP agenda. Top priorities include:

- **Quality in primary care**
- **Pathway redesign**
- **Contracting**
- **Medicines management**

2. Acknowledge and agree with engagement plans e.g. gluten free with all stakeholders and appreciate some decisions will not be favourable for all.

# Coeliac Disease and Gluten Free Prescribing ctd.

- NHS does not provide food on prescription for patients with diabetes, lactose intolerance or other conditions where patients need to follow a restricted diet.
- NHS Nottingham North and East CCG restricted prescribing of gluten free products to bread and flour only in December 2014
- The South CCGs are now planning a 90 day consultation August – October with key stakeholders, patients and public.
- Three options for consultation are **stop all prescribing, restrict prescribing to bread and flour** (apply to Rushcliffe and Nottingham West ) or **restrict prescribing to flour only**.