NHS operational productivity: 
unwarranted variations
Mental health services
Community health services

Lord Carter
24 May 2018

Ann Jacklin
Professional Pharmacy Advisor Mental health & Community services
7 June 2018
How the sectors are configured

Total NHS spend = £17bn

82 trusts deliver mental health services

192 trusts deliver community services

How does Mental Health and Community trust spend break down?

- Pay – 72%
- Non-pay
  - 11.5%
- Estates
  - 7.8%
- Procurement
  - 6.7%
- Medicines
  - 1.9%
What services are delivered

- No two community or mental health trusts delivered the same services, and nearly all trusts we examined provided a mixture of community health and mental health services.
- Most trusts delivered over 100 distinct service lines, however, a core common set emerged:
# What the sector told us

## Strategic and pathway issues

- Commissioning was problematic
- Insufficient focus on ‘out of hospital’
- Need to consider efficiency across the pathway not just in the institution
- Outcomes were important (but not always measured)

## People and Optimising Clinical Workforce

- No routine national benchmarking and hard to compare service lines
- Variation in models of delivery for similar services and limited focus on productivity
- The data you gave us showed variation in key people and clinical prod metrics

## Optimising non clinical resources

- Important areas where savings could be made
- But cuts could lead to false economy
- The data you gave us showed variation

## Model Hospital

- Wanted data and access, as soon as possible
- Branding was important not just cosmetic
- Care needed to be taken interpreting the data
Strategic and pathway issues

Key issues
1. Focus on community health services
2. Commissioning: KPIs; variation in contracts; impacts of competition
3. Management of the mental health pathways, including out of area
4. GIRFT not stopping inside the hospital corridors

Areas we recommend
1. Strengthening community health services role in supporting the wider system
2. Driving standardisation in the community health services ‘offer’
3. Extending GIRFT Programme into Mental Health; restricted patients
4. Role of community health in GIRFT and wound care

Recommendation 1 – Learning from new models of care
NHS England should codify and share the learnings from new models of care and the successful ‘Vanguards’ to support community health services to play their full role in supporting the wider system.
In conclusion

• There is significant good practice but there need to be stronger mechanisms for sharing this between trusts.

• Learning from new models of care, including Integrated Care Pioneers and the Vanguards needs to be strengthened

• The Getting it Right First Time Programme (GIRFT) needs to extend its focus to services delivered in the community.

• Action must be taken to reduce the £500 million spent annually on inappropriate out of area placements in mental health inpatient services.

• The commissioning landscape has led to a fragmented system that is difficult for patients to understand and is not delivering value for the tax payer. More focus needs to be given to standardising this.

• Workforce productivity is mixed, particularly in services delivered in the community.

• The use of mobile working and technology to drive efficiency and productivity is inconsistent and poor in many areas.

• There is scope for trusts to take rapid and specific action in a number of other areas to improve efficiency,
The Carter approach

1. Identify good looks like in delivering these services
2. Develop metrics and benchmarks
3. Work with a cohort of 23 trusts and others........
4. Move to implementation

Timelines Medicines, Pharmacy & Pathways

• Project commenced 1 March 2017

• 5 Cohort meetings held; April, July, September, November, January
  • Next meeting 25 June 2018

• Lord Carter’s report published 24 May 2018

• Development and Implementation over 3 years to 2020/21
23 cohort trusts

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<thead>
<tr>
<th>Cohort</th>
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<tbody>
<tr>
<td>2Gether NHS FT</td>
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<tr>
<td>5 Boroughs Partnership NHS FT</td>
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<tr>
<td>Barnet, Enfield and Haringey Mental Health NHS Trust</td>
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<tr>
<td>Birmingham Community Healthcare</td>
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<tr>
<td>Central and North West London</td>
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<tr>
<td>Central London Community Healthcare</td>
</tr>
<tr>
<td>Derbyshire Community Health Services NHS Foundation Trust</td>
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<tr>
<td>East London NHS Foundation Trust</td>
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<tr>
<td>Hertfordshire Community NHS Trust</td>
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<tr>
<td>Hertfordshire Partnership University NHS Foundation Trust</td>
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<tr>
<td>Kent Community Health NHS Foundation Trust</td>
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<td>Lancashire Care NHS FT</td>
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<td>Leeds Community Healthcare NHS Trust Site Visit</td>
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<td>Leicestershire Partnership NHS FT</td>
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<tr>
<td>Lincolnshire Partnership NHS Foundation Trust</td>
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<tr>
<td>Norfolk Community Health and Care NHS Trust</td>
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<td>Northumberland Tyne and West NHS FT</td>
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<td>Nottinghamshire Healthcare NHS Foundation Trust</td>
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<td>Oxford Health NHS Foundation Trust</td>
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<tr>
<td>South West London and St George’s</td>
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<tr>
<td>Sussex Partnership NHS Foundation Trust</td>
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<tr>
<td>Torbay and South Devon NHS Foundation Trust</td>
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<tr>
<td>Wirral Community NHS Trust</td>
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</table>
What Lord Carter said about acute trusts (1)

“Trusts should achieve benchmarks: increasing pharmacist prescribers, e-prescribing and administration...so that their pharmacists and clinical pharmacy technicians spend more time on patient facing medicines optimisation activities”

Based on the relationship between medicines spend and pharmacy spend:

for every £1 spent on pharmacy services £10 spent on medicines

To be delivered through Hospital Pharmacy Transformation Plans (HPTP)
- 80% pharmacist time on clinical activity
- Increasing pharmacist prescribers
What Lord Carter said about acute trusts (2)

Infrastructure services:
• Are subject to stark variation
• Can be delivered more efficiently
• …are most efficiently delivered…..through…..collaboration or shared service…..local, regional, national
• Need not be delivered by NHS employed staff

Should be reviewed in Hospital Pharmacy Transformation Plans
Mental Health and Community trusts

Unfortunately......

18/19 will be the year of the data – we hope!
Mental Health and Community trust review

**NOT about spend and spend reduction**

- Acute trusts medicines spend pa £7,000,000,000 (£7 bn)
- MH &CHS medicines spend pa £262,000,000 (£0.262 bn)

**IS about value**

- To optimise **pharmacy** services & extend of clinical pharmacy services

- To optimise **medicines** and medicines related products
  - Pathways, outcomes, relapse, readmission, formulation,
  - Review and physical health

- To identify **pathways** with medicines / medicines related products for which variation will have a significant impact on patient outcomes or non pharmacy staff utilisation or service delivery costs
<table>
<thead>
<tr>
<th>MH &amp; CS Pathways</th>
<th>Volumes/Outcomes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wound care including pressure ulcer care</strong></td>
<td>• Occupies 51% community nurse clinical time</td>
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<tr>
<td></td>
<td>• Heal rates not collected</td>
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<tr>
<td></td>
<td>• volumes/outcomes/resources cohort data validation Jan 2017</td>
</tr>
<tr>
<td></td>
<td>• Focus on clinical outcomes</td>
</tr>
<tr>
<td></td>
<td>• NHS E / I expert advisory group established</td>
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<tr>
<td></td>
<td>• Supply &amp; distribution analysis</td>
</tr>
<tr>
<td></td>
<td>• trusts moving away from FP10</td>
</tr>
<tr>
<td></td>
<td>• What good looks like case studies being developed</td>
</tr>
<tr>
<td><strong>Management and care of continence and stoma care</strong></td>
<td>• Potential joint project with NHS E Right Care &amp; LPP</td>
</tr>
<tr>
<td></td>
<td>• LPP survey November</td>
</tr>
<tr>
<td></td>
<td>• Links with NHS E AMR pharmacy team established</td>
</tr>
<tr>
<td><strong>IV medicines administration OPIT/ OPAT (Outpatient Parenteral Intravenous/ Antimicrobial Therapy)</strong></td>
<td>• Joint project with HoPMOp &amp; PHE &amp; NHS E AMR pharmacy team under discussion</td>
</tr>
<tr>
<td><strong>Anticoagulation administration (LMWH)</strong></td>
<td>• 12% Community nurse time meds administration</td>
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<tr>
<td></td>
<td>• Possible link to GIRFT</td>
</tr>
<tr>
<td><strong>Choice of antipsychotic including monitoring and adverse event management</strong></td>
<td>• Shared care, transfer of care and better use primary care team</td>
</tr>
<tr>
<td></td>
<td>• Pathways costs vs medicines costs incl. relapse rates and admissions avoidance</td>
</tr>
<tr>
<td></td>
<td>• NHS I/E joint approach to best practice/evidence review</td>
</tr>
<tr>
<td><strong>Nutritional Supplements</strong></td>
<td>• Potential joint project with GIRFT &amp; NHS I AHP lead &amp; Op Prod HoPMOp &amp; AHP leads</td>
</tr>
<tr>
<td></td>
<td>• DH sponsored national meeting 25 September</td>
</tr>
<tr>
<td></td>
<td>• Issues with adequate patient review</td>
</tr>
<tr>
<td></td>
<td>• trusts moving away from FP10</td>
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<tr>
<td><strong>Palliative care</strong></td>
<td>• To be developed, supply / access issues impact on:</td>
</tr>
<tr>
<td></td>
<td>• Operational efficiency, Quality of clinical care, Waste, Medicines security</td>
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<tr>
<td></td>
<td>• Possible links with GIRFT</td>
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LPP = London Procurement Project  
NHS E/I = NHS England /Improvement  
BSA = business services authority

HoPMOp = NHS I Acute Trust operational productivity medicines & pharmacy  
PHE = Public Health England  
AMR = Antimicrobial Resistance Team
Wound care costs £4.5 -£5.1 billion pa

- Management of these wounds and associated comorbidities pa:
  - 18.6 million practice nurse visits,
  - 10.9 million community nurse visits,
  - 7.7 million GP visits
  - 3.4 million hospital outpatient visits

- Accounts for 51% community nurse clinical time
- Lack of evidence based care
- Lack of differential diagnosis (e.g. Doppler)
- Treatment deviates from standard protocols (Compression)
- Variation in choice and costs of dressing and bandages
- Variation in supply and distribution methods impact on healing rates
### Wound care metrics

<table>
<thead>
<tr>
<th>Volume</th>
<th>Outcomes</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients receiving wound care support/ intervention</td>
<td>Number of Referrals for Wound Care</td>
<td>Presence of absence of wound care service in Organisation</td>
</tr>
<tr>
<td>Numbers of Wounds</td>
<td>% of Wound care assessments completed</td>
<td>Trust Staff Resource for wound care</td>
</tr>
<tr>
<td>Number of Patient Visits/ Contacts at usual place of residence</td>
<td>Healing rate times</td>
<td>Spend per annum</td>
</tr>
<tr>
<td>Number of patient visits in a clinical setting</td>
<td>Number of patients have 3 months or less care package</td>
<td>• Dressings and related products</td>
</tr>
<tr>
<td></td>
<td>Patients receiving care over 3-6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients receiving care over 6-12 months</td>
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**Lord Carter said:**

*One of the most significant areas of community health service provision we identified……was wound care.*

*Despite this most trusts……do not capture basic information on wound care including the number of patients with wounds, wound types, treatment plans or, most critically, wound healing rates.*

*GIRFT should pilot a new project to test the GIRFT approach for wound care services*
The GIRFT programme focuses on reducing unwarranted variations in clinical settings for 35 work streams.

Clinically led speciality or pathway based workstreams

For each specialty or pathway
- identify specific areas of unwarranted variation based on local and national data, and
- provide a detailed, clinically led engagement process with each trust to improve patient outcomes.

So far, the programme has made 1,100 visits to trusts and published reports on three clinical work streams with another 10 reports due to be released in 2018.

As a by-product of improving patient pathways and clinical outcomes, it is expected to deliver more than £1.4 billion of savings by April 2021.
## MH & CS pharmacy service segmentation

### IGC service model developed
- **Infrastructure**
- **Governance**
- **Clinical**

### Clinical Services

<table>
<thead>
<tr>
<th>MEDICINES OPTIMISATION</th>
<th>VARIABLE INFRASTRUCTURE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicines optimisation: medicines management; medicines discharge, Dosage Tip; Out-patient and Pre-Nursing; Specialist Pharmacists; audit and registration and support</td>
<td>SUPPLY CHAIN</td>
</tr>
<tr>
<td>2. Organisational Assurance: Risk; Safety Officer; Governance and Chief Pharmacist; Audit Programmes</td>
<td>Store/distribution and procurement; Aseptic; Production GC; Dispensing; Homecare</td>
</tr>
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**Infrastructure**
- *Apply Carter 1 metrics and/or explore alternative models*

**Governance**
- *Opportunities for ‘do once’ nationally*

**Clinical**
- *Expand & address unmet community based need*
Infrastruture Governance Clinical

Mental health trusts

Community services trusts

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Community Services</th>
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<tbody>
<tr>
<td>Clinical 38%</td>
<td>Clinical 30%</td>
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</table>
Clinical Pharmacy vs Patient activity in these sectors

Growing evidence base to support services in the community for pharmacy staff including:

- Running clinics – clozapine, anticoagulant, dose titration
- Medication review – domiciliary and clinic based
- Child and Adolescent Mental Health services
- Crisis teams
- Memory services
- Community Mental Health Teams
Case Studies

Clozapine clinics

Northumberland, Tyne and Wear NHS Foundation Trust changed its model for administering clozapine to service users, to a pharmacy technician-led clinic. This helped to improve patient experience by supporting service users in need of clozapine to access their treatment more easily and in a way that better suits their service needs. The new model combines blood monitoring with medicines supply, and has halved the number of required visits and improved the levels of missed appointments. The new model has reduced the cost of an initiation from £3,000 to £300, and avoided costs of about £100,000 during the first two years of operation.

Wound Care dressing supply (not included in report)

Central & North West London NHS Foundation Trust identified inefficient process for providing wound care dressings. This process was time consuming as there was a lapse between the identification of a need for a dressing and the delivery of this care. The Trust carried out a patient satisfaction survey following changes of wound dressings for household patients in Hillingdon. In November 2016, changed the way dressings were prescribed to avoid patients given boxes of unnecessary dressings. There was a 75% response rate and 74.75% of patients stated before the remodelling their prescriptions for dressings had not been received. 61% of patients had nurses re-visit with the correct dressings. The findings found reduction of wasting products and the new process for providing wound dressings had a positive impact for patients with 42 (74%) out of 57 saying it was beneficial to them.
Medicines self-administration

Kent Community NHS Foundation Trust invested £185,000 in additional pharmacy staff to support patients to self-administer medicines, and worked with local GPs and patients to improve the quality of communication with patients about medicines. Through this programme, and by improving the relationships and understanding of medicines optimisation across and with other organisations, the trust estimates annual savings of £1 million from fewer community nurse visits and medicines usage reductions.

Helping care for patients in their homes (OPAT)

Patients with diabetic foot ulcer infections involving osteomyelitis can require long term treatment with intravenous antibiotics, and some will require these to be administered three times a day. Kettering General Hospital NHS Foundation Trust recognised that in the absence of sufficient capacity in its community teams these patients often needed to be treated in hospital as an inpatient. Following a successful pilot in 2015, the trust has already reduced numbers of acute inpatient admissions and estimates that it will save 1,900 bed days a year, or about £360,000.

Sussex Partnership NHS Foundation Trust (CAMHS)

The trust employed a specialist mental health pharmacist in a CAMHS team and achieved a net annual saving on its drug budget of £97,000. This successful change led the trust to expand the example, and placed specialist mental health pharmacists in more of its community teams. The pharmacists help triage referral calls to the team and have been able to keep some patients with their GP with modifications to their treatment to improve care.
Automation

Northumberland, Tyne and Wear NHS Foundation Trust have used automation extensively: a combination of automation on wards and in pharmacy led to the rationalisation of three dispensaries into one with pharmacy staff redeployed to support medicines use on wards. Using ward-based automation, the time nurses spent on medicines rounds on the wards reduced. This trust recently installed a robotic dispensing system for filling multi-dose packs for all 1,700 clozapine patients. It is planning to use the robot’s spare capacity to provide services to other trusts locally.

In summary

Our review demonstrated that pharmacy services are underused in these sectors. Better use of pharmacy staff to support patients and other clinical staff with medicines can offer tremendous value to the NHS and address much unmet need. We believe collaborative working offers opportunities, including the deployment of technology, to release pharmacy staff time. Not only will this improve patients’ experience and outcomes, but it represents good value for money.
Lord Carter concluded that……

- We need to increase specialist pharmacy professionals:
  - including advanced clinical practitioners (pharmacists) working within multidisciplinary teams to lead and coordinate medicines use for cohorts of patients across health and social systems to reduce fragmentation

- We need to increase numbers of pharmacist prescribers to add capacity, expertise and value

- Pharmacists and other pharmacy staff (should) spend more time on patient-facing medicines optimisation activities

- National ‘do once’ systems should be developed for:
  - PGDs & Medicines policies
  - Education and Training materials

- Trusts should identify the local opportunities for innovative use of pharmacy staff, systems and technologies
  - Such innovative use of pharmacy might include; CAMHS, clozapine, antipsychotic, medicines administration, medicines automation and polypharmacy reviews.

- Infrastructure activities require collaboration with other providers and infrastructure acute trust Model Hospital targets met.
  - Dispensing, homecare, FP10 supply chains should be reviewed

- The GIRFT programme should expand into community and pilot a Wound Care project with the National Wound Care Strategic Board
Recommendation 11 – Medicines and pharmacy optimisation
Trusts should develop plans to ensure their pharmacists and other pharmacy Staff spend more time with patients and on medicines optimisation.

Delivered by:
- Trusts increasing the numbers of specialist pharmacy professionals – including advanced clinical practitioners (pharmacists) – working in multidisciplinary teams to better lead and co-ordinate medicines use for cohorts of patients across health and social care systems by 2020/21.

- Trusts increasing the numbers of pharmacist prescribers to add capacity, expertise and value starting with increased numbers in training in 2018.

- Trusts identifying local opportunities for the innovative use of pharmacy staff, systems and technologies using case studies provided by NHS England and NHS Improvement during 2018/19. This should include reviews into CAMHS, use clozapine and antipsychotics, medicines administration, automation and polypharmacy.

- Health Education England ensuring that workforce plans include capacity to support the development of higher numbers of pre-registration trainee placements, vocational foundation trainees, specialist pharmacists and pharmacy technicians in mental healthcare settings, including increasing the numbers of advanced clinical practitioners (pharmacists) and consultant pharmacists by 2020.
Trusts reviewing the value for money of all infrastructure activities to release capacity for patient-facing work. Opportunities to collaborate with other providers should be explored during 2018/19.

The Centre for Pharmacy Postgraduate Education developing a system-wide approach to developing medicines teaching materials for mental health and community trusts starting in 2018/19 to release local staff time to education and training delivery.

NHS England’s Specialist Pharmacy Services and the regional medicines optimisation committees developing a national ‘do once’ system for organisational medicines governance, including national standardised medicines policies, patient group directions and other essential organisational governance documents during 2018/19.

NHS Improvement and trusts examining the potential to streamline processes for the ordering, approval and delivery of medicines and clinical products to patients receiving services in the community during 2018/19. This should include the use of homecare and FP10s.

Trusts that provide their own stores and distribution services consolidating medicines stock-holding, and aggregating and rationalising deliveries. This should seek to reduce stock-holding days to a maximum of 15 and deliveries to less than five per day, and ensure 90% of orders and invoices are sent and processed electronically by 2020/21.
Next steps

- Medicines, Pharmacy & Pathways **Model Hospital** metrics will be developed 18/19 to drive and develop recommendations and outcome measures
  - Working with
    - NHS Benchmarking Network
    - Business Services Authority
    - Rx Info – Define
    - Cohort trusts
    - Right Care
  - Focusing on medicines variation not yet addressed……

- Model Hospital metrics, where relevant, will be integrated with:
  - MH & CS services line compartments
  - GIRFT speciality compartments

- Further *what good looks like* case studies will be developed and shared

- Carter wound care findings will integrate into the National Strategic Wound Care Board and GIRFT programmes
Questions?