NHS SCOTLAND

NHSSCOTLAND EFFICIENCY AND PRODUCTIVITY: Framework for SR10

2011-2015

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NHSSCOTLAND EFFICIENCY AND PRODUCTIVITY: FRAMEWORK FOR SR10

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Foreword

1. Foreword

NHSScotland has a duty to the people of Scotland to provide quality services that are good value for money. NHSScotland is committed to becoming a world leader in healthcare quality by improving the safety, effectiveness, experience and responsiveness of services within the context of tight financial settlements for the foreseeable future.

NHSScotland has some firm foundations upon which to build. Annual efficiency savings have been exceeded throughout the 2007 Spending Review period and improvements have been made in quality, such as reducing hospital acquired infections, greatly reducing waiting times and improving patient safety. In June 2009, we published an initial delivery framework to guide the efforts of NHS Boards in the short term. This highlighted the opportunities within the service to use current redesign programmes and data within the context of improvement to identify and reduce variation in services. In May 2010, we published The Healthcare Quality Strategy for NHSScotland. The Quality Strategy and the 2010 Spending Review set the strategic context for this revised Framework which prioritises activities and support to NHS Boards and sets out where and how resources can be released to realise our ambitions.

Since the onset of the economic downturn, a wide range of studies and reports have been published to shape healthcare planning. This Framework is founded on the consensus that while conventional approaches to good operational and financial management are essential, these approaches of themselves will be insufficient to deliver the depth and duration of efficiency savings required in the medium term. In other words, strategies for cost avoidance and reduction need to be combined with a drive to release resources associated with traditional ways of organising and delivering services. We must seek to reduce unwarranted variation in service provision, remove waste and eliminate harm. To achieve this staff need to be supported to use good quality data, together with their unique insight into service provision, to identify where productive opportunities lie. We need to support NHS Boards to realise these opportunities and to accelerate the sharing and adoption of best practice throughout NHSScotland.

MARGARET C DUFFY
Chair of the Efficiency and Productivity Strategic Oversight Group

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Executive Summary

WHY has the Framework been revised?

- The original NHSScotland Efficiency and Productivity Programme Delivery Framework (June 2009) covered the previous spending review period until March 2011.
- The Healthcare Quality Strategy for NHSScotland (May 2010) provides the vision for NHSScotland as a world leader in healthcare quality.
- The SR10 spending review period outlined UK public spending until 2015. The draft Scottish budget sets out a public sector efficiency target of 3% for 2011/12.
- The budget for NHSScotland has been protected from cuts as a result of the Scottish Government's decision to pass on the consequentials awarded to the Department of Health from the UK 2010 Spending Review. However, inflationary pressures arising from increasing demographic changes, drugs and staff costs will mean that NHS Boards will need to make a minimum of 3% efficiency savings to break even.
- Significant progress has been made against efficiency targets; this report builds on good practice and anticipates future challenges.
- NHSScotland has a duty to the people of Scotland to ensure quality services that are good value for money. Being more efficient and productive is essential to ensure careful use of the public purse.

WHAT is the purpose of the Framework?

The Framework's main purpose is to identify priority areas to improve quality and efficiency. The Framework is a companion to the Quality Strategy and provides a baseline for the changes that will need to be undertaken by the Scottish Government Health Directorates (SGHD), NHS Boards and other public sector organisations.

The Framework has three overarching themes:

- Support – supporting our workforce.
- Enablers – identifying, sharing and sustaining good practice.
- Cost Reductions – reducing variation, waste and harm.

The **Support** theme is linked closely to the Quality Strategy and highlights the importance of staff being appropriately skilled to deliver the necessary change. Open communication will continue through close partnership working and our commitment to staff governance.

The **Enablers** include:

- benchmarking and the right quality, performance and productivity data
- the effective use of technology in the delivery and redesign of healthcare
- the Improvement and Support Team (IST) will be re-focussed and re-branded to the Quality and Efficiency Support Team (QEST) to provide support and challenge.

Seven **Cost Reduction** workstreams, underpinned by the support and enablers, identify where there are further savings and quality improvements to be made:

- evidence based care
- preventative and early intervention
- outpatients, community and primary care
- acute flow and capacity management
- workforce productivity
- prescribing, procurement, support/shared services, and
- service redesign, innovation and transformation.

There will be generic activity across each of the cost-reduction workstreams to identify savings. To ensure vertical and horizontal integration we will also apply a **Whole Systems Approach** to a number of high-volume, high-cost services. This will be undertaken using a 'task and finish' methodology and underpinned by a framework of supporting and challenging NHS Boards.

HOW will the Framework be delivered?

NHS Boards have already made savings and will be expected to deliver efficiency targets each year for the foreseeable future. To ensure maximum ownership and service delivery, the workstreams will be led and delivered by NHS Boards, with SGHD supporting and enabling the delivery.

The monitoring, evaluation, support and sharing of the outputs across the workstreams will be coordinated by a portfolio office based within the QEST. The first stage of implementation is the details scoping of each workstream to identify and prioritise cost reductions from the long list of potential productive opportunities, the benefits and deliverables, and the timescales and resources required to achieve the desired results. This will provide the basis of the QEST portfolio plan for the SR10 period.

There will be close working with the Scottish Government's four Quality Ambition Delivery Groups supporting the capture of benefits realisation. QEST will also commission or deliver support to NHS Boards where there is scope to test or accelerate the uptake of new approaches to service delivery which improve quality and reduce costs.

WHEN is the Framework expected to start and finish?

Significant work is already underway to establish the Framework, and scoping of the workstreams has commenced. The Framework is designed to cover the spending review period and will be refreshed annually.

WHO is the expected audience for the Framework, WHO will be doing the work and WHO will ensure the deliverables are achieved?

The audience for the Framework is primarily targeted at NHSScotland, but we anticipate that the general public and other public sector organisations will have an interest in the approach we are planning to undertake between 2011 and 2015.

NHS Board senior executives and clinicians will provide strong leadership, taking ownership of the workstreams and specialty redesign. The SGHD will provide central coordination, benefits realisation, challenge and expert support.

The governance of the Framework will continue to be overseen by the Efficiency and Productivity Strategic Oversight Group (EPSOG), whilst the local delivery plan process will allow NHS Boards and the Scottish Government to monitor progress both against the Quality Strategy (through the Quality Measures) and the Efficiency and Productivity Framework (through the HEAT targets and efficiency plans).

1

Introduction

1.1 Background

1.1.1 NHSScotland – Time for Change

Poor quality costs. A literature review on the link between improving quality and reducing costs highlighted a number of examples where there is evidence of the high financial and human cost of poor quality. Regardless of the need to ensure efficiency savings over the coming years, as a public funded service the NHS has a duty to ensure value for money and to provide safe, effective and efficient services to the people of Scotland. The Healthcare Quality Strategy for NHSScotland (May 2010) underpins a vision of high quality services, of which efficient care is an integral part.

The demographic pressures of an increasingly ageing population and the care and treatment set out in Better Health, Better Care (December 2007) provides further motivation to change the way we currently deliver services. In the medium to long term, some current service delivery models will become unsustainable – they also will not deliver care in the best possible way to patients. We will also require careful and innovative workforce planning to be able to deliver new models of service effectively and efficiently.

NHSScotland has had a period of sustained growth during which time additional resources have enhanced patient outcomes, decreased waiting times and improved patient safety. The challenge is to continue this essential improvement within a tighter financial package. Adopting a priority-based approach, difficult decisions will need to be made on how services are delivered within budget. Demographic pressures alone, and regardless of the savings we need to achieve in the short to medium term, there is a need to redesign the services that we currently deliver to ensure sustainability for the future.

1.1.2 NHSScotland – Efficiency Savings to Date

NHS Boards have achieved the required 2% year-on-year minimum efficiency savings from 2007/08–2009/10. This equates to cumulative savings targets of £154m in 2008/09, £314m in 2009/10, and £515m (revised and increased from £478m) in 2010/11. NHS Boards exceeded the 2008/09 target by £50m (total savings of £204m recurring and non-recurring) and also exceeded the 2009/10 target by £53m, making total savings of £367m (recurring and non-recurring).

In reality, most NHS Boards have succeeded in saving greater than 2% to continue to develop local services and fund cost pressures arising from demographic change, new drugs, technologies and staffing costs. In 2010/11, NHSScotland's 14 territorial Health Boards plan to save an average of 3.22%.

1.2 Support to NHS Boards: NHSScotland Efficiency and Productivity Programme Existing Framework

The NHSScotland Efficiency and Productivity Programme was established in 2008 to support NHSScotland and is a collaborative effort between NHS Boards and the SGHD to identify and progress support for maximising efficiency and productivity. Its focus has been on identifying and quantifying potential productive opportunities and supporting NHS Boards by improving benchmarking and encouraging service redesign using improvement tools and techniques. A progress report was published in June 2010.

1.3 The Scottish Budget – 2011/12 Looking Forward

Following the UK Comprehensive Spending Review on 20 October 2010, the Scottish budget has been reduced by £1.3 billion in 2011/12. There will be further reductions over the period to 2014/15, especially on capital.

The Scottish Budget for 2011/12, published on 17 November 2010, is in draft and will be subject to normal parliamentary scrutiny before the final stage vote in February 2011. Health is in a preferential situation as resource funding consequentials arising from the Department of Health 2010 UK Comprehensive Spending Review settlement have been passed on in full in 2011/12. Protection of the NHS budget is, however, relative and further efficiency and productivity savings will be required recognising the impact of inflationary, demographic and clinical pressures.

1.4 Lessons Learned

There is learning from the NHSScotland Efficiency and Productivity Programme and from the literature on NHS efficiency which will be incorporated into this Framework. The key lessons are:

- the scope for greater collective action between NHS Boards and other organisations
- the large number of examples of good practice which should be adopted and implemented locally
- the disparity between identifying productive opportunities and converting those opportunities into cash savings, and
- the challenges associated with evidencing all of the benefits realised.

The recent Audit Scotland Review of Orthopaedics Services (March 2010) highlighted significant improvements but also significant variation in service models, costs and supplies. This Framework addresses this by ensuring a focus on reducing unwarranted variation to drive up quality and reduce cost, beginning with high-volume, high-cost services.

The evidence that quality improvement can make significant savings is limited (Ovretveit, 2009). Collecting the right data for the right purpose is not straightforward in a complex organisation such as the NHS. Improving the data on quality, performance and productivity will assist in evidencing the real quality and efficiency gains.

Enabling technology and customer-led services are areas that many industries and services have embraced but the NHS has been hesitant to progress this to full scale. The Quality Strategy will lead on this with the National Programme on Person-Centred Care, identifying where opportunities lie to create more mutually beneficial models of care.

The challenge is to turn all of this learning into an approach to efficiency and productivity that fits the Scottish context.

2

SCOPE: 2011-2015

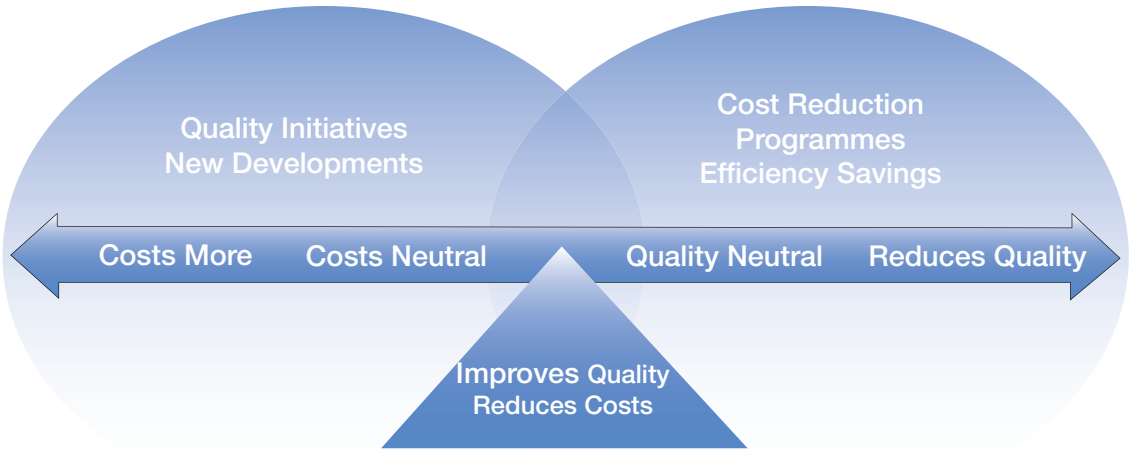
2.1 Aims and Objectives

The key aim for the Framework is simple:

To improve the overall quality and efficiency of NHSScotland while ensuring good value for money and achieving financial balance.

Figure 1 illustrates the key area where we should focus our attention and effort by prioritising innovative redesign and improvement that improves quality and reduces costs.

Figure 1 – Quality Initiatives and Cost Reduction Programmes



The key objectives for the Framework are:

- quality is improved and not compromised
- NHSScotland to achieve financial balance over the 2010 spending review period
- NHS Boards are supported in achieving efficiency targets and improving services, and
- central coordination of support, monitoring, benefits realisation and challenge to be available to NHSScotland.

2.2 A Consistent Narrative – Quality and Efficiency

Quality, as defined by the Institute of Medicine, is maximised when care is **safe, effective, equitable, person-centred, timely** and **efficient**. It is essential that there is a consistent quality and efficiency narrative that recognises the truly transformational approach of one and the need for immediate benefits realisation of the other. As such, while there will be limited room for service developments and quality improvement that increase costs, we must also avoid efficiency savings that reduce the quality of services.

Our approach to tackling unwarranted variation is a shared endeavour between the Quality Strategy and the Framework. We intend to build on the task and finish approach (most recently applied in orthopaedics) in partnership with clinicians and managers.

2.3 Joint Working Across NHS Boards and Public Services

NHS Boards should continue to explore opportunities for achieving efficiencies through regional planning. By working across organisational boundaries, NHS Boards should continue to pursue opportunities that:

- establish a wider range of shared services with other NHS Boards
- secure sustainable and accessible services for their populations, and
- offer more integrated and efficient services by closer working with local authorities.

In addition, Regional Planning Groups should clearly evidence through their annual work plans and reports a well-defined programme for efficiency and productivity that is consistent with the ambitions of the Quality Strategy. Finally, local delivery plans should reflect, as appropriate, the connectivity of this agenda across NHS Boards.

Delivering world-leading healthcare services for people will require strong partnership working across health and care services. In recognition of the pressures on the health and social care system in a challenging fiscal climate, the Scottish Government has allocated £70m in 2011-12 to a Change Fund to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. By ensuring that older people remain independent in their own homes, the focus will be on reducing unnecessary hospital admissions and a quicker discharge after a crisis. This will result in better outcomes for older people and ease the pressure on acute hospital provision. Box 1 provides examples of the potential for joint working.

Box 1: Joint Working Across Public Sectors

One area where NHS Boards have identified benefits in joint service delivery is Releasing Time to Care in the Community, a service improvement approach and toolkit which provides frontline teams with the necessary skills, knowledge and evidence base to improve the organisation of local service delivery. The potential to adapt and implement this approach within integrated teams, for example within older people's services, could provide a basis for a more responsive and efficient frontline service delivery.

NHS Dumfries and Galloway and NHS Grampian will be working with their partners to adapt and implement the toolkit within health and social care teams, working together to improve care. The lessons learned from the two pilot sites will be shared across NHSScotland and local authority partners, while the Scottish Government's Joint Improvement Team will provide additional support to the pilot sites.

Nationally, a Scotland-wide Hub initiative is being developed as a means of improving the planning, procurement and delivery of infrastructure that supports community services. It brings local community planning partners, including Health Boards, local authorities, police, and fire and rescue services together with a development partner to:

- improve the efficiency of delivery of community-based facilities
- deliver economies of scale through shared facilities
- make the best use of public resources, and
- provide continuous improvement in both cost and quality in public procurement.

The joint working relationships that are created through the initiative will provide increased opportunities for joint service and joint asset management planning.

3

Supporting and Enabling Delivery

3.1 Supporting the Workforce: SR10, the next 5 years

Supporting the workforce is essential to ensure that the drive for quality and efficiency is owned and achieved. The NHS leadership strategy, NHS Education for Scotland (NES) and local organisational development functions will have key roles in ensuring that the workforce is equipped with the strong leadership skills and change management capabilities needed for the coming years. Ongoing access to improvement expertise through local and national improvement teams, the Quality Improvement Hub and through nationally commissioned activities, including the Releasing Time to Care/Productive Series, will empower staff to make improvement within their clinical settings.

Given that many NHS staff will have entered the service during a period of sustained growth, there will need to be sufficient skills in rostering, scheduling and Improvement training that is rigorous at capturing efficiency savings and measurement of benefits realisation. QEST will work with NHS Boards and national programmes to ensure that these are hardwired into all activities. Enablers to support this work will include: workforce benchmarking, review of skill mix and considering carefully the staff demographic profile.

3.1.1 Partnership Working

The efficiency and productivity agenda will affect all staff regardless of grade or profession. Locally, NHS Boards will be discussing the potential changes to services within existing partnership forums. Nationally, trade unions will continue to provide staff representation on the EPSOG.

3.2 Identifying, Spreading and Sustaining Good Practice

There are a number of enablers within this theme that will support NHS Boards to identify good practice, test or pilot innovative ideas on behalf of others and accelerate the spread of good practice.

3.2.1 Benchmarking

The NHS Benchmarking Programme will be further developed in 2010/11 to provide an enhanced level of information. This will be set out in a revised benchmarking strategy during Spring 2011.

3.2.2 Data Development

Continued co-production between Information Services Division (ISD) and NHS Boards to produce data that is fit for purpose will be essential to foster ownership. It is necessary that Boards have access to user-friendly toolkits to identify areas for improvement, redesign and to highlight productive opportunities within their services.

One example of this is the Patient Journey Analyser, which can be populated with NHS Board information and will be developed as a valuable tool to be used locally to identify variation and improve services. Lessons learned from the development of information systems to enable real-time monitoring of services and dashboards will also be promoted.

The Efficiency and Productivity Information Development Group (EPID) will focus on further improvements in the range of information that drives up quality and efficiency. While quality and cost data will underpin the monitoring of the savings, more work is required to ensure that there is easy access to quality cost data for the health service.

3.2.3 NHS Boards and Lean

To date, the Efficiency and Productivity Programme has supported the use of lean methodology across a number of projects. Moving forward, NHS Boards can and should align this work with other improvement programmes (eg patient safety) to provide a spectrum of approaches to improvement under one local improvement hub or team. Nationally, the ongoing deployment and sharing of lean methodology across Scotland will be sustained, building on the good practice already identified as a result of the strategic lean programme and network.

3.2.4 The Quality Improvement Hub

NHS Health Improvement Scotland, NES, ISD and IST have collaborated in the establishment of a Quality Improvement Hub of high-level improvement expertise. The Hub will provide valuable expertise to NHS Boards on national improvement priorities, and the QEST portfolio office will commission advice or improvement activities from the Hub where the requirements are beyond the capacity or capability of NHS Boards.

3.2.5 Improvement Support Team / Quality and Efficiency Support Team

Recognising the developing capacity and capability for continuous improvement that has resulted from the national IST collaboratives and Scottish Patient Safety Programme (SPSP), and to avoid duplication with the Quality Improvement Hub, IST will re-focus its activities to support quality and efficiency and re-brand itself to underline this shift in emphasis.

The result will be a much smaller team of specialists, with particular experience in the priority workstreams, working in partnership across the SGHD to:

- act as portfolio office to coordinate the delivery of the NHS Efficiency and Productivity Framework
- coordinate support to NHS Boards, including benchmarking, data development and its associated toolkits
- focus on high-volume, high-cost services and key priority areas
- identify and test innovations which could lead to improved levels of performance
- work closely to assess the impact of redesign on the workforce and the impact of workforce changes on service redesign, and
- support NHS Boards who need additional help to identify and release efficiencies.

3.3 Enabling Technology

It is important not to underestimate the potential savings and improvements that can be made by using technology effectively. The following highlight the potential of existing NHSScotland programmes and organisations.

3.3.1 NHS 24 Capability and Capacity

NHS 24 is using its technology and telephony platform as a base for the provision of a wide and developing range of national telehealth and online services. Recognising that citizens interact with many services (eg banks, holiday companies, supermarkets) through channels such as the telephone, the internet, and face-to-face, NHS 24 is delivering and developing national telehealth services which also use these channels and support the hands-on delivery of NHS services by healthcare professionals on the ground.

Opportunities are being identified through partnership working which will improve the quality of care while reducing cost and duplication. National telehealth services can also contribute to the self help/care agenda, tackling health inequalities and meeting the needs of people in remote and rural areas.

NHS 24 has a range of additional national clinical services using telephone and/or website channels, including: Breathing Space (a mental health listening service originally established as part of the national suicide prevention strategy); Living Life (cognitive behavioural therapy); Taking Measures (brief interventions on alcohol); and Life Begins at 40 (health checks).

Having taken responsibility for the Scottish Centre for Telehealth in April 2010, NHS 24 is supporting national clinical videoconferencing services in the clinical areas of paediatrics, stroke, chronic obstructive pulmonary disease (COPD) and mental health, as well as creating a national videoconferencing infrastructure. Box 2 provides an example of recent work.

Box 2: The NHS 24 Living Life Service

This service was launched in August 2008 as a pilot service to deliver brief cognitive behavioural therapy (CBT) for depression and anxiety by telephone. The service began accepting referrals from GPs in 42 practices across five NHS Boards.

In order to improve access, in February 2010 the service also launched self-referral access within these same Boards. The outcomes are favourable and provide an alternative option for patients while ensuring competitive costs for psychological therapies.

3.3.2 eHealth

eHealth is defined as the use of information, computers and telecommunications to meet the needs of patients and improve the health of citizens. The eHealth Strategy 2008–2011 targets its effort on using technology effectively to ensure patients get the right care, at the right time, with the right outcomes. It is therefore a key enabler of this Framework as it focusses on transforming traditional processes in a way that continues to shift the balance of care while delivering all-round benefits.

The strategy seeks to integrate and build on existing systems and information stores to enable change and support the growing application of telehealthcare to change the way services are delivered while achieving efficiencies and improvements.

The capabilities of the existing tools and of some of the newer ones within NHSScotland's infrastructure have still to be brought fully into play. For example, the new Patient Management System being installed in five Boards over the next year and the introduction of clinical portals will move NHS Boards towards 'paper lite' operations with clear efficiency gains. Investment in eHealth will continue, albeit at a reduced level, with a concentration on completing current initiatives and building on investments to deliver efficiencies and improve the quality of patient care. eHealth has made £5m available for NHS Boards to pilot potential efficiency information and communication technology-related projects. EPSOG will keep a close overview of progress and the potential opportunities for redesign that could be delivered.

4

Driving cost reductions and Improving Quality

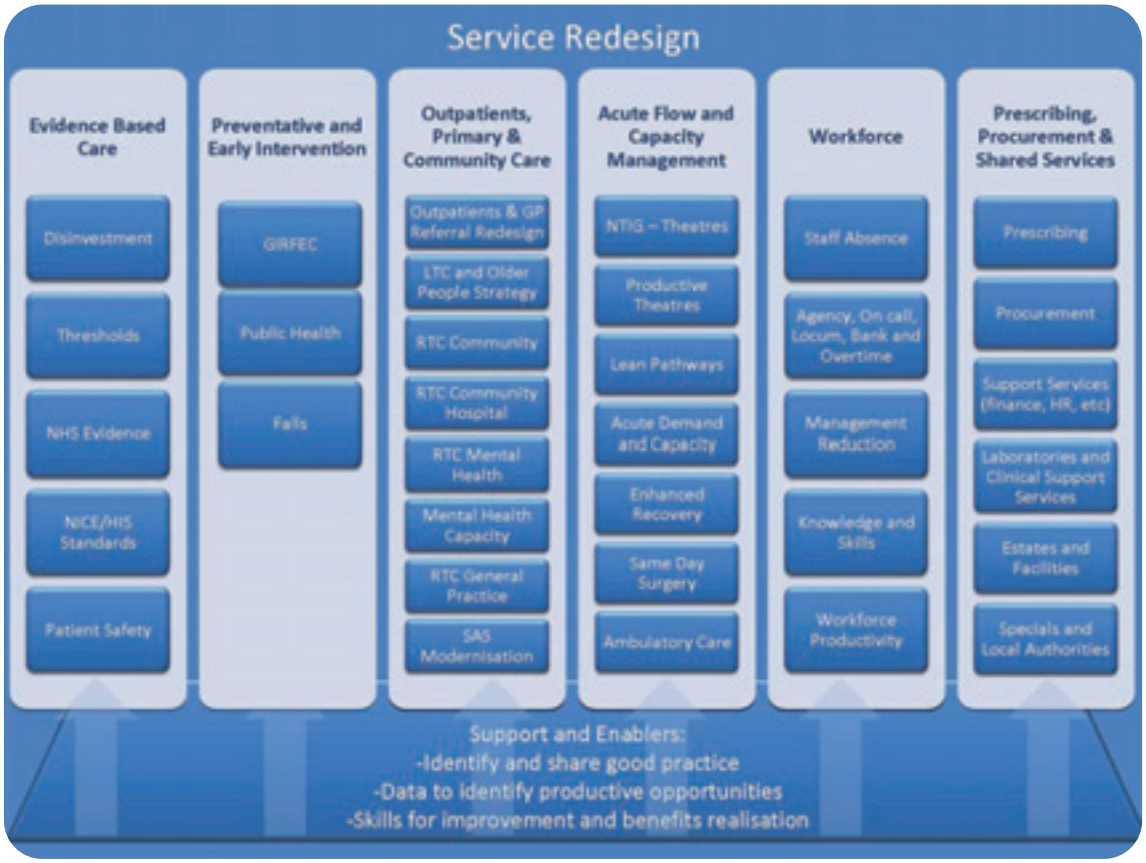
Reducing Variation, Waste and Harm

The following section provides detail on the workstreams and areas which have identified productive opportunities. Priority areas for initial focus are detailed in Annex 1.

The workstreams build on existing quality and service improvement approaches and incorporate the lessons learned from the current available literature. The overall benefits realisation is the culmination of benefits across all workstreams leading to the redesign of service delivery models.

The whole systems approach to unwarranted variation, waste and harm builds on the early work of the IST, the Efficiency and Productivity Programme, Audit Scotland and the SPSP. Figure 2 illustrates the workstreams vertically with the whole systems approach to address unwarranted variation running across all workstreams, leading ultimately to the service redesign.

Figure 2: The Efficiency and Productivity Framework Overview



The whole systems approach will focus on service areas of high volume and high cost. This will allow variation to be identified in all aspects of the service, including clinical variation, variations in outcomes, workforce, procurement spend, prescribing and support services, and the effective use of eHealth and new technologies.

Initial areas under proposal for the whole systems work approach include: older people's services (under the Quality Strategy and the 'effective' ambition), cancer and orthopaedic services. In orthopaedics, for example, there is significant data and information available from the current 18 weeks Referral to Treatment (RTT) Improvement Programme, the Musculoskeletal Audit, enhanced recovery, National Procurement and the Audit Scotland report on Orthopaedic Services. Taken together, this information will provide a robust foundation for the whole system approach to be piloted.

In addition to the whole systems approach work, a number of workstream-specific projects and programmes will be identified to provide short-, medium- and long-term efficiencies. The following provides further detail on the potential areas that will be scoped within each workstream.

4.1 Evidence Based Care – Potential Savings Opportunity – MEDIUM

NHS Boards are supported in the delivery of care by a series of clinical standards and guidelines which reflect clinical evidence and best practice, including: SIGN guidelines, NICE clinical standards and patient pathways. However, significant variation in the implementation and adherence to these guidelines result in inconsistent services and outcomes.

Comprehensive service specifications and the robust implementation of evidence based standards are entirely consistent with improved quality. Healthcare Improvement Scotland (HIS) and the National Planning Forum are best placed to lead a programme that quantifies the benefits and financial return of taking a more focussed and consistent approach to service specifications. Future activity will need to demonstrate the economic impact of implementing guidance and the potential for decommissioning out-of-date approaches.

The National Planning Forum will oversee the governance of decisions around disinvestment. Robust information on costs and comparative patient outcomes is at the heart of consideration of disinvestment. The forum's focus will be on identifying where resources can be saved from reducing spending or disinvesting in low-value interventions, whilst ensuring careful integration across all service areas to avoid fragmentation and inequity. There is also a requirement to identify the evidence for thresholds for treatment and take a consistent approach to their application. There will be a need to consider long-term gains, ensure quality of service and improved outcomes. Working closely with the professions will be fundamental to agreeing how to progress this new approach to specification, investment/disinvestment and service thresholds.

4.2 Preventative and Early Intervention – Potential Saving Opportunity – HIGH

There are three key areas that will be focussed on initially within the workstream:

- the large-scale change required to make sustainable improvements in the long term for the population, Getting it Right for Every Child (GIRFEC)
- public health interventions, including smoking cessation and alcohol awareness, and
- more targeted work such as the prevention of falls in the elderly.

4.2.1 Large-scale Population Change

GIRFEC is a Scotland-wide programme to improve outcomes for all children and young people, and applies to all services and agencies working with children and families. It provides a common framework, practice model and language to deliver a coordinated approach which is appropriate, proportionate and timely and has the child at the centre.

Research published in November 2010 by the Scottish Government into the financial impact of GIRFEC estimates long-term savings of over £100m a year. By contrast, failure to effectively intervene to address the complex needs of a child in early life could result in a ninefold increase in costs to the public purse.

4.2.2 Public Health

There are a wide number of initiatives already well established, such as smoking cessation and alcohol awareness programmes. These programmes will continue but there will be a need to have a clearer understanding, coupled with evidence, on the potential benefits realisation from these interventions whether this is short, medium or long term.

4.2.3 Targeted Work – Falls

During 2010 the Scottish Ambulance Service responded to over 35,000 incidents of falls in the over 65 population; over 31,000 of these patients were taken to hospital. Over the same period NHS 24 handled between 960–1460 calls per month where the patient reported that the principal reason for calling was a fall.

During financial year 2009/10, 17,499 patients in the over 65 population were admitted to hospital with the diagnostic code for falls being recorded as one of the reasons for admission. Of these, over 5,000 were admitted with a hip fracture, at an average hospital cost of £14,200 (not including subsequent costs incurred in primary care for post-operative care and rehabilitation services).

NHS Boards have a range of services in place locally aimed at preventing both primary and secondary falls in the over 65 population. The award-winning service in NHS Greater Glasgow and Clyde has been recognised by independent researchers as the best in the UK. There has been a 3.6% decrease in repeat admissions for emergency hip surgery between 1998 and 2008, compared to a rise of 5.1% across Scotland as a whole and a rise of 16.2% throughout England over the same period.

4.3 Outpatients, Primary and Community Care – Potential Saving Opportunity – HIGH

Shifting the balance of care from acute to primary care locations is critical to allow the health service to increase quality, reduce cost and meet the increasing demand of an ageing population profile. In addition, shifting the balance of care allowing greater self-management especially for chronic diseases will not only provide greater control to individuals of their own disease but will allow resources to be utilised for those most in need. Successful change requires knowledge of alternative proven models, and further work on demand and capacity management, flow and pathways will be necessary within this workstream.

4.3.1 Releasing Time to Care in the Community

Releasing Time to Care (RTC) in the Community is a lean work-based improvement programme that will improve scheduling, team work and prioritisation in community teams. Coupled with a more robust approach to measurement across integrated, multidisciplinary teams, the implementation of RTC in the Community is intended to reduce variation and improve the quality of care. NHS Boards have already evidenced that the use of lean improvement methods within district nursing teams has improved patient care, increased productivity and consequently costs as illustrated in Box 3. A similar programme, Productive Community Hospital, is being implemented across 29 community hospital wards across Scotland.

Box 3: NHS Forth Valley – Community Nursing Team

Following implementation of lean improvement methods within the district nursing team, caseload management and planning were re-organised, which allowed bank nurse expenditure in the pilot site to be eliminated over 3 months.

As a result, the 10% vacancy rate was absorbed across Forth Valley without compromising service delivery. In addition, the team was able to increase its anticipatory care planning and early assisted discharge.

4.3.2 Mental Health

The Mental Health Improvement Collaborative and mental health benchmarking have identified scope for efficiency gains from better management of demand and capacity and continuing to focus on reducing inpatient bed usage through provision of better community/crisis care. It has identified opportunities for improved management of demand, including referral management, reducing did not attend rates and better caseload management. RTC in the Community will also be adapted and implemented across mental health teams. Box 4 provides an indication of potential within the system:

Box 4: Mental Health Productive Opportunities

Improvement within one service in NHS Lothian released 312 hours (over 8 weeks) of clinical time per year just by reviewing referral allocation processes.

The introduction of a more patient-focussed booking system in a psychology service reduced DNAs from 21% to 7.5%.

The national dementia demonstrator sites commenced in January 2011 and will focus on whole system pathway redesign, including an economic analysis of the savings delivered across both health and social care. Additional areas that will be scoped for potential improvements and efficiencies include:

- drugs and prescribing (addressing variation through benchmarking)
- workforce productivity (new to review and caseload management)
- psychological Interventions (options for delivery), and
- out-of-area placements and private sector usage.

4.3.3 Reshaping Care for Older People and Long Term Conditions

Implementation of Reshaping Care for Older People will be undertaken under the 'effective' programme of the Quality Strategy, and will build on the work of the Long Term Conditions Collaborative. Improvements made in managing long-term conditions and care of older people in Scotland have demonstrated reductions in emergency admissions, bed days, and GP and A&E attendances.

There is potential for reducing emergency admissions by around 35% by proactively managing the care for people with COPD or heart failure in care homes. Targets agreed with NHS Boards for the reduction in emergency admissions in people with four long-term conditions (HEAT T6) between 2006/07 and 2010/11 range from 3% to 20%. Implementation of the Reshaping Care for Older People will be supported by close working between the Joint Improvement Team and QEST to identify unwarranted variation.

4.3.4 Releasing Time to Care: GP Practice

The NHS Institute for Innovation and Improvement is currently developing an improvement product for GP practices. NHSScotland is involved in the development of this UK-wide demonstrator and will have a GP practice piloting the new product. Similar to the other NHS Institute products in the productive series, the tool would then be offered to NHS Boards for implementation.

The potential to use the Integrated Resource Framework (IRF) as an enabler for this workstream, while identifying variation and outcomes, will be investigated further. This provides a clearer understanding of cost and quality implications of local decision-making about care across both health and social care.

4.3.5 Outpatient and GP/GDP Referral Redesign

It is essential that primary care teams have access to data to identify unwarranted variation but also to provide easy access to specialty advice from the acute sector. This could reduce the demand placed on acute services and avoid unnecessary hospital visits.

One area of potential savings is decreasing the demand on outpatient services. The number of new outpatient appointments across NHSScotland in 2009 was 1.4m, with increases year on year. Evidence from work with long-term conditions indicates that there are a number of patient referrals that could be dealt with more effectively in a primary/community care setting rather than hospital. Box 5 highlights one such example where GP practices have come together to make successful changes locally.

Work is underway on the enhanced service for primary care (2011/12), which focusses on reducing:

- costs and improving quality in prescribing
- inappropriate variation and supporting development of pathways for outpatient referrals, and
- variation and preventing avoidable emergency admissions through the development of an anticipatory care approach supported by the development and adoption of effective pathways to enable older people and those living with long-term conditions to remain at home.

Box 5: NHS Highland: The 70% Group – A New Federation of General Practices

The development of a corporate body of GPs in South East Highland CHP and Mid-Highland CHP is providing an exciting and innovative framework for shifting the balance of care in high volume specialty areas, influencing the quality of prescribing, and delivering improvements in unscheduled care.

The introduction of a system to manage referrals from a corporate body of practices was deemed a critical success factor. The group's first project commenced in January 2010 and contracted GPs to care for the majority of benign skin excisions within the new community-based dermatology service.

4.4 Acute Services Flow and Capacity Management – Potential Savings Opportunity – HIGH

Through the 18 Weeks RTT Programme and the focus on pathway development, NHS Boards are identifying and challenging waste, variation and duplication in care and the supporting administrative processes. The 18 weeks programme will continue until March 2012 with a focus on reducing variation, removing waste and improving flow across elective pathways. Additional work on unscheduled pathways will also be taken forward.

Box 6 illustrates the improvement potential within the acute services.

Box 6: NHS Lanarkshire – Lean within Acute Services

The Board has implemented lean methodology across general surgery and theatres with the following improvements:

- **Ten per cent increase in orthopaedic procedures in-house**
- **Fifteen per cent increase in cataract procedures in-house**
- **Earlier theatre starts and faster change over times**
- **Same day admission in orthopaedics and ophthalmology now 92% (from 50% baseline), saving 1,000 bed days a year**
- **Medicines now dispensed within 2 hours to 87% of patients (from 36% baseline), and**
- **Monklands theatre cancellations in general surgery down from 13% to 7%.**

There are a number of areas that require sustained effort and focus not only to shift the balance of care to community but also to release efficiencies within acute settings. A number of these areas are evidence based and will not only improve quality of patient outcomes but also release efficiencies within the system and include:

4.4.1 Operating Theatres

There are over 300 operating theatres within Scotland with an average running cost per theatre of £1.4m per annum. An early priority, therefore, will be a focus on streamlining current initiatives, including: the National Theatres Implementation Group (NTIG) benchmarking, the development of an IT system for operating theatres, the SPSP peri-operative checklist and the implementation of Productive Theatres.

4.4.2 Lean Pathways and Acute Capacity

Further support is required within the acute setting to ensure that NHS Boards are fully equipped to support the efficient flow of patients through all services while sustaining access targets. Box 7 illustrates an example of using lean methods to improve pathways.

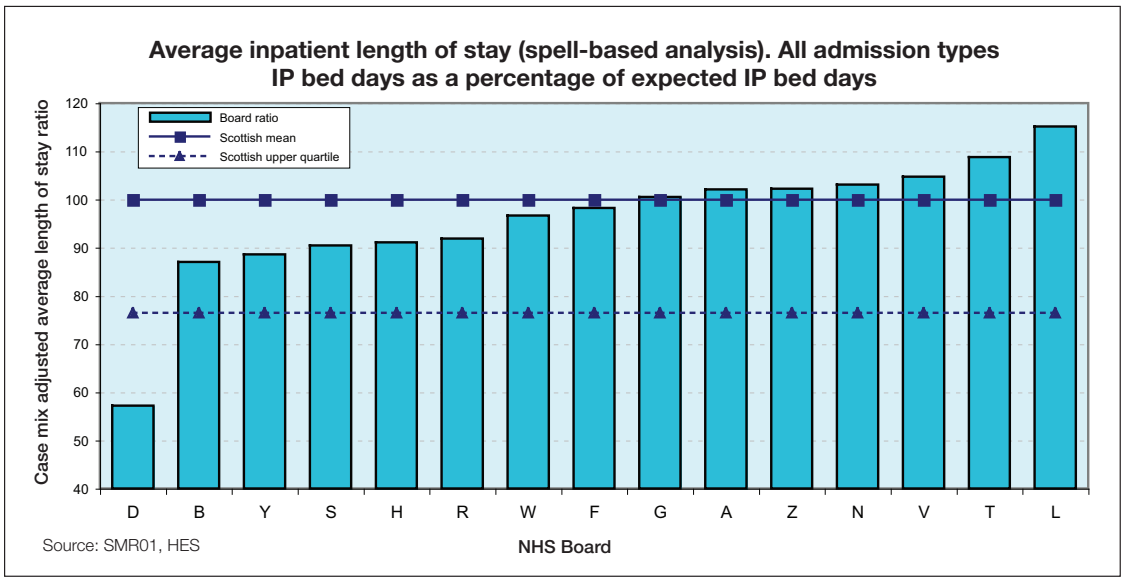
Box 7: NHS Lothian Colorectal Cancer Programme

Attaining the 62 day cancer target for colorectal cancer has risen from 57% in January 2007 to consistently above the 95% goal throughout 2008/09. The first phase addressed long waits for colonoscopy and the slow outpatient administration processes. Diagnosis to treatment issues were tackled in phase 2; case management was introduced and greater control over this part of the patient journey was achieved.

The most recent information flow project has tightened up all referral and tracking processes utilising the patient management system, and ensuring that all patients are seen at the correct time.

The Better Quality, Better Value (BQBV) Toolkit and Audit Scotland's efficiency study on orthopaedics highlight significant variation in the average length of stay across specialties and NHS Boards. The chart in Figure 3 illustrates the variation in average length of stay for NHS Boards in Scotland in general surgery (quarter 2, 2009/10). There is a potential (annualised) efficiency gain of approximately £2.5m if all NHS Boards can achieve performance equal to the Scottish mean and £12m by achieving upper quartile performance in general surgery.

Figure 3: Average Length of Stay – Inpatient beds



4.4.3 Enhanced Recovery

Enhanced recovery provides a way of managing care and rehabilitation that improves patient outcomes and speeds up a patient's recovery after surgery. It focusses on patients as active participants in their own recovery process and is based on evidence-based care. It has been shown to significantly reduce the length of time for a joint replacement, for example from 6.5 to 3.5 days for hip replacements in one NHS Board. Work is already underway through the 18 Weeks RTT Improvement Programme to roll-out enhanced recovery in orthopaedic services, and rapid analysis will be undertaken on the broader benefit realisation of implementing enhanced recovery across other specialties in NHSScotland.

4.4.4 Same Day Surgery

Based on guidance from the British Association of Day Surgery (BADS), same day surgery for a wide number of surgical procedures should now be regarded as the norm. The HEAT target for same day surgery is on track for 80% across NHSScotland by March 2011. Reducing length of stay results in a range of benefits to patients, including less time in hospital, improved safety and patients' preferred option while increasing overall efficiency. NHS Boards will be expected to sustain these improvements and to continue to benchmark local performance against the aspirational rates within the BADS Directory.

4.4.5 Emergency Ambulatory Care

As part of the BQBV Toolkit, benchmarking data has been made available to NHS Boards to highlight areas for improvement in the management of patients who present with common symptoms where care could be provided on an ambulatory basis without admission to hospital. The BQBV Toolkit contains evidence-based guidance to provide patients with quality care while preventing unnecessary admissions. There is potential for a minimum of £18m to be saved through implementing this guidance.

4.5 Workforce Productivity – Potential Productive Opportunity – HIGH

NHSScotland is a major employer and has a pay bill accounting for 69% of running costs. As the greatest cost and resource, an efficient and productive workforce will be essential to our drive for quality improvement and efficiency. Staff numbers and activity have increased over recent years. Analysis of the change in aggregate outputs, aggregate inputs and productivity in NHSScotland is underway. We have developed a measure of the change in the crude volume of output over time, and are working to develop a measure of the change in the volume of inputs. Later this year, when this work has been sufficiently refined and quality assured we plan to be able to publish a measure of the change in productivity across NHSScotland.

Following identification of variation there a review of management structures, administrative services and support functions will be carried out to ensure efficiency and a focus on supporting frontline service delivery. Identifying and promoting the most innovative approaches to making appropriate skill-mix changes, tackling staff absence, reducing reliance on locum/agency staff and consistent use of staff contracts will also be included. For example, if NHSScotland permanently reduced staff absence by 0.25% a minimum saving of £4m could be made.

Workforce engagement in the context and implementation of NHS Boards' quality and efficiency strategies is vital. Taking quality improvement principles to the ward or team setting through the implementation of lean-based workplace improvement toolkits is one of the resources that can be used to facilitate workforce engagement and improve productivity. QEST will continue its sponsorship of these approaches.

There is already a commitment to reduce senior management headcount within NHSScotland by 25% over the period of the next spending review, highlighting that while managers are valued, when budgets are tight it is important to ensure that resources for direct patient care are optimised.

The National Scrutiny Group, comprising both union and employee representation, has been established to maximise staff engagement in the process and to ensure that the quality of healthcare services is maintained. The group is developing a mechanism to ensure feedback from local area partnership forums.

4.6 Prescribing, Procurement and Shared / Support Services – Potential Productive Opportunity between – HIGH

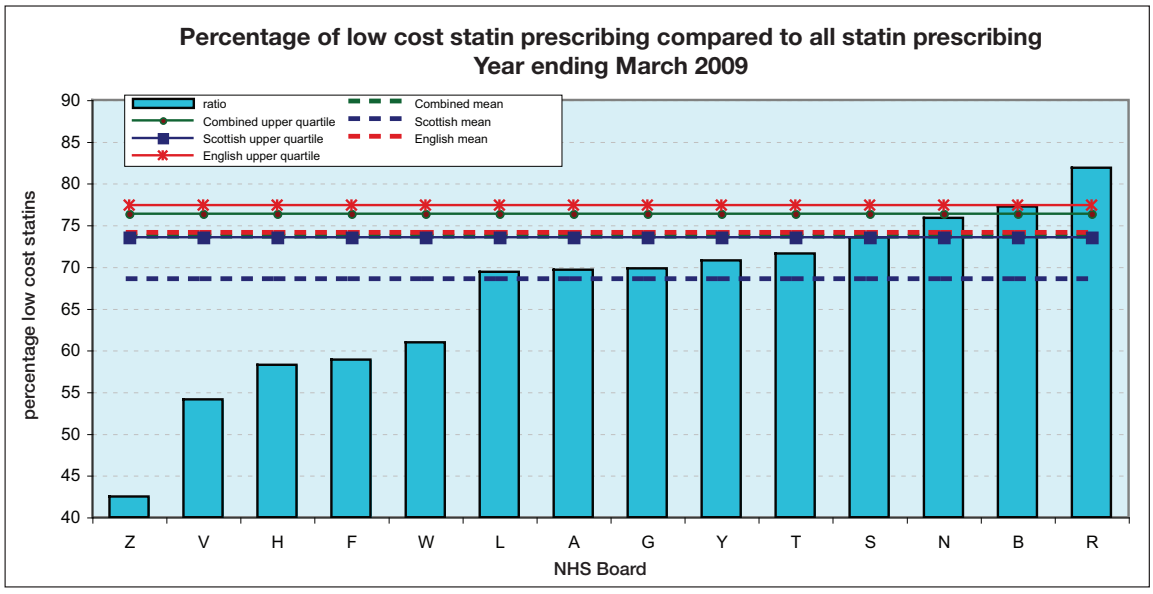
4.6.1 Prescribing

Prescribing accounts for approximately £1.3 billion on prescription drugs in NHSScotland per annum, representing 14.2% of the total NHS spend. Whilst a number of important reforms have been implemented, such as the Community Pharmacy Contract, e-prescribing and pharmacy robotics in major sites to optimise efficiency and efficacy of prescribing, continued focus will be required to optimise efficiency in such a large area of NHS spend.

In previous work, the Efficiency and Productivity Programme supported the West of Scotland Prescribing Group to progress a menu of improvements to identify variation and reduce costs. The programme has also supported the piloting of decision support software for primary care.

The key areas to address in the future workstream include polypharmacy and addressing thresholds for prescribing. For example, a recent review of statin prescribing indicates a wide variation between NHS Boards in respect of the cost and volume of statins prescribed. Figure 4 highlights the percentage of low cost statin prescribing compared to all statin prescribing. If all NHS Boards reached upper quartile performance, the productive opportunities for NHSScotland would be approximately £8.5m.

Figure 4: Low Cost Statin Prescribing



Source:ISD, Scotland (Prescribing Information System) and epact.
Notes: Low cost statins (Pravastatin and Simvastatin).
All statins: Atorvastatin, Fluvastatin, Pravastatin, Rosuvastatin and Simvastatin.

4.6.2 Procurement

NHSScotland procured just over £2bn of goods and services from suppliers for the acute sector in 2009/10. Currently around £1bn is subject to some form of national contracting framework – with £700m of this through National Procurement contracts - while the remaining £1bn spend is subject to local arrangements. Procurement is focussed on driving increased value from this spend through reductions in price, improved product and service output and delivery, supporting appropriate reductions in demand and assisting with process improvements where procurement can have an impact.

The focus over the next year will be in the following areas:

- ensuring a higher percentage of total spend is covered by an appropriate procurement process, including increasing the level of national contracting activity
- improving current contract conformance and compliance levels
- driving further savings from existing national and local contracts
- continued development of eProcurement systems and management information
- improving procurement capability, and
- reducing the variation of products and services across NHSScotland.

The process is being led by National Procurement and local NHS Board procurement teams through the Accelerated Procurement Savings Group, which is tasked with supporting current activity and driving the wider agenda across NHSScotland. Box 8 highlights the potential for savings with NHS Boards.

Box 8: NHS Grampian – Procurement Improvement

By applying improvement methods and establishing a category management process, NHS Grampian has achieved £2.4m annualised savings and identified a further £2.6m by applying improvement methods within local procurement by establishing a category management process and ensuring over 70% of procurement through formal contract arrangements.

Ensuring that maximum efficiency is derived from estates and facilities will form part of the procurement workstream and include effective asset management, energy consumption, use of existing estates/NHS footprint and the support services within this area. The NHSScotland Estates and Facilities Benchmarking Programme will continue to support the delivery of the Framework.

4.6.3 Shared and Support Services

The NHSScotland Shared Support Services Programme is tasked with ensuring shared working for finance and payroll to drive economic and qualitative benefits across NHS Boards. The new ways of working that the programme has delivered enhance overall financial governance and stewardship, and include:

- automated processes to lessen human error and system-driven control processes
- increased compliance, for example through the eExpenses system, and
- enhanced management information by adopting common finance codes and improved reporting tools.

The programme has delivered savings of £5.5m recurring per annum and £2.7m non-recurring and will continue to identify opportunities within shared/support services and management/ administrative costs to improve quality while reducing overall cost. This ensures that maximum resources are directed to patient care. In addition, the workstream will sponsor and promote innovations and benefits realisation, such as the effective use of voice recognition software, automation and modernisation of laboratories and capacity within diagnostics services.

4.7 Service Redesign, Transformation and Innovation – Potential Savings Opportunity – HIGH

Health services are constantly adapting and evolving to meet the challenges of rapid innovation, changes in demand driven by demography, disease, evidence and lifestyles, and changes in available capacity as workforce supply, capability, regulation and expectations change. The National Service Framework (2005) set the strategic context for service redesign and Better Health, Better Care and subsequent guidance on service change set the parameters for progressing major service change.

The Quality Strategy is the next stage of implementing Better Health, Better Care and the Spending Review is the context for its implementation. In order to provide a high quality, cost-effective and sustainable service designed for the twenty-first century, the Quality Strategy's three delivery programmes and all of the workstreams detailed above will provide a focus on the areas for short- and medium-term change.

Ensuring that NHS Boards' clinical strategies and capital planning processes reflect the momentum of the drive to quality and efficiency will be important if costs are to be released. The aim is to redesign care from traditional secondary care models to community-based models which will provide improved care and outcomes for patients while ensuring the acute service is redesigned to meet the long term needs of the population. Tackling unwarranted variation, exploiting the potential to shift the balance of care, optimising technology and implementing evidence-based care will have a material impact on service redesign:

There will be a need for all involved to demonstrate strong leadership skills and creativity in scoping and implementing the necessary redesign of services. The Scottish Government will also keep under review the policy frameworks around service change including lessons learned from engagement and scrutiny and the need to ensure that care is delivered as locally as possible.

The whole systems approach proposed for high-volume, high-cost services will feed directly into this workstream which will work closely with HIS and the National Planning Forum, where appropriate, to support successful delivery of change and benefits, including the effective use of technology.

Innovation within NHSScotland must be encouraged to allow individuals to come up with creative solutions, to be given the space to test these potential solutions and also to be allowed to prove that these are feasible or not. Ultimately, learning from failures should be as important as learning from success.

Box 9: NHS Tayside – Whole System Strategic Programme

NHS Tayside has implemented a whole system strategic programme, Steps to Better Healthcare, built around continuous improvement and focussed on delivering two parallel outcomes: delivery of high quality care and reduction of costs through minimising waste and variation.

Delivering older people's services was a key project. The healthcare system engaged with key stakeholders to fully understand the current state of service delivery, appropriate data analysis to identify best practice and areas for improvement, design and implementation of 'test of change' demonstrators with clearly identified benefits and outcomes. There was a strong focus on collaborative working with the right resource delivering high quality integrated care at the point of individual need.

The project has and will continue to realise significant improvements, both qualitative and financial. By focussing on the patient and removing waste, NHS Tayside is delivering:

- reduced inappropriate admissions
- reduced length of stay through focus on patient goal setting and partnership working (from 27 to 18 days)
- lower readmissions by shifting the balance of care
- capacity and capability in staff to proactively manage and support more effective and efficient patient pathways, and
- potential to save £1.4m per annum in net savings from service reconfiguration.

5

Implementation and Governance

5.1 Implementation

Quality and efficiency is everyone's job within the NHS, regardless of grade or profession. The Framework cuts across all NHS Boards (both territorial and specials) and all Health Directorates within the Scottish Government.

The process for taking this forward is as follows:

- **Scoping** for each workstream and whole systems approach will be undertaken to understand the current landscape and to provide a financial baseline to identify the areas that will provide productive opportunities in the short, medium and long term.
- **Service buy-in and leadership is critical.** To ensure ownership by the service, each workstream will be lead by a Chief Executive, Chief Operating Officer or key expert in the field, and supported by a Director or Deputy Director from within SGHD.
- **Workstreams will challenge and support existing projects and sponsor new and innovative projects that will drive quality and cost savings.** Reducing demand on outpatients will be a key focus for the primary and community care workstream, while enhanced recovery will be strongly promoted in the acute flow workstream.
- **An integrated approach.** Vertical and horizontal integration will be pursued through the whole systems approach to unwarranted variation in high cost, high volume services. The whole systems approach cuts across all workstreams and will feed directly into the service redesign, transformation and innovation workstream.

5.2 QEST Portfolio Office

A QEST Portfolio Office will be established to commission work, monitor progress, ensure spread and sustainability and provide national reporting. This will replace the existing Efficiency and Productivity Programme and the work that has been undertaken to date will continue within the QEST Portfolio Office. The portfolio office will engage with all stakeholders, acting as a central point for advice and coordination of efficiency and productivity activities and challenging variation in the adoption and sustainability of good practice.

The Portfolio Office will work within the framework of P30® (OGC Guidance on Portfolio, Programme and Project Offices) to provide robust principles to underpin the delivery of the Framework.

5.3 Commissioning the National Workstreams

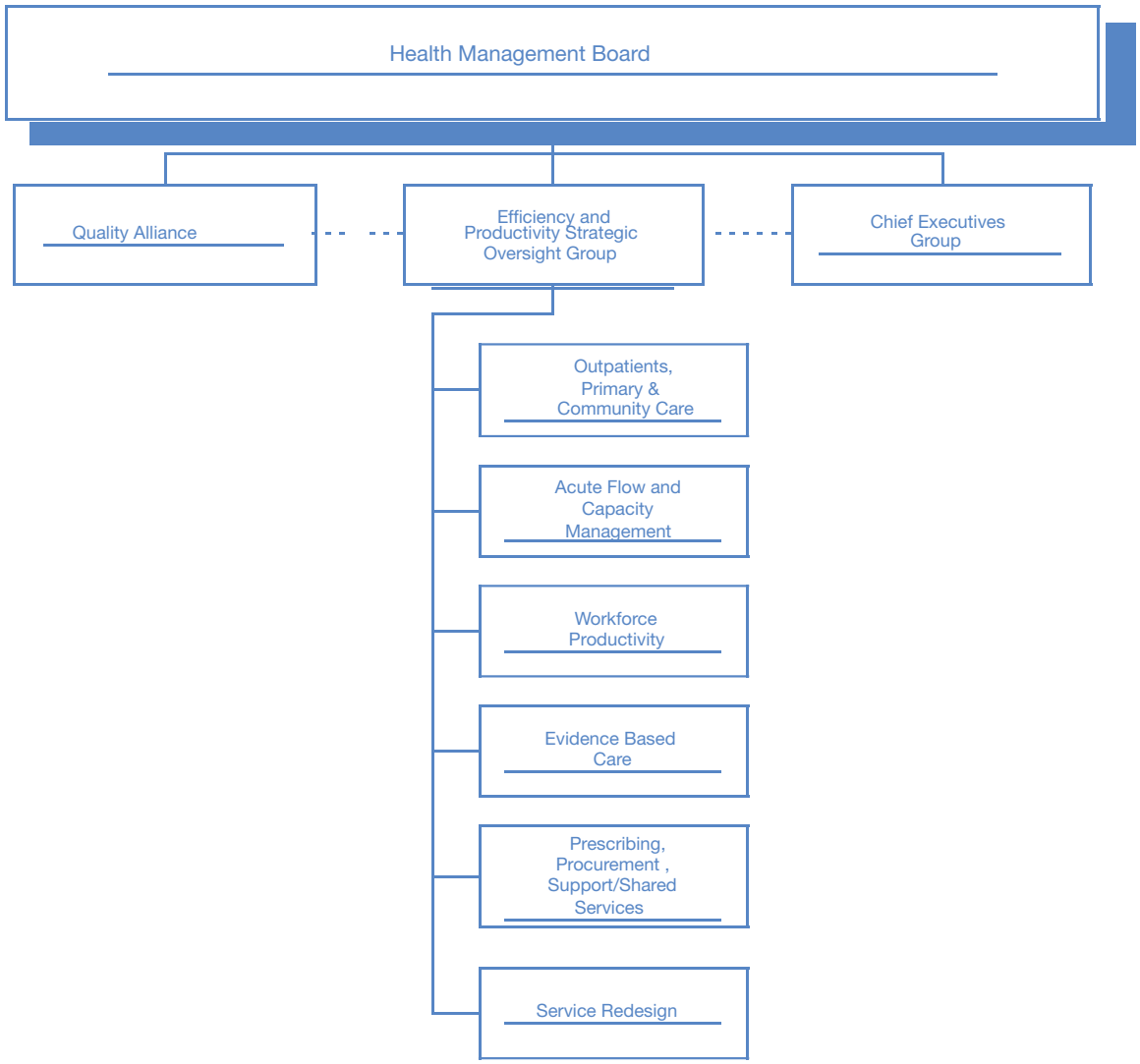
Commissioning of the required work will be supportive, with no duplication and as close to the front line as possible. The commissioning function will operate along the following principles:

- We will maximise activities that can be driven by NHS Boards and regional groups for national benefit.
- We will work closely with HIS to support their alignment to the twin priorities of quality and efficiency.
- We will commission advice from the new Quality Improvement Hub and HIS where we assess it is best placed to deliver these to the specification and timescales required.
- QEST will deliver directly where we assess this necessary and where other options will not deliver to the specification or timescale required by NHS Boards.

5.4 Governance and Benefits Reporting

The existing local delivery plan process will ensure that monitoring of NHS Boards' efficiency plans is robust. Further guidance and challenge to Boards on areas for improvement will be a key role for SGHD. Figure 5 provides the proposed structure and reporting lines.

Figure 5: Governance Structure



Within the local delivery plan process, efficiency savings will be categorised under the following headings: clinical productivity, workforce, drugs and prescribing, procurement, estates and facilities and support services. Further discussion will be undertaken between NHS Boards and the Scottish Government on the efficiency schemes that feed into the overall total for each category, providing limited bureaucracy and increased flexibility locally.

Monthly performance management oversight within SGHD has been established to include HEAT performance (including efficiency targets), finance, quality (using the early warning scorecard) and workforce information.

The Framework has been subject to a robust equality and diversity impact assessment which will be circulated to all NHS Boards for information.

6 Conclusion

NHSScotland is moving into an unprecedented period of resource constraint and will need to save a minimum of 3% efficiency savings in 2011/12 with further savings over the Spending Review period. Successful achievement of this will require a fundamental realignment of how we use resources within NHSScotland.

There will be a need to focus not only on the 'what' but also the 'how'. The NHS faces serious challenges over the coming years: not only will there be a need to make significant improvements in efficiency and productivity, there will also be a need to make choices on the best configuration of services that can sustain and improve quality while demonstrating efficiency and releasing real cost savings. However, it is important to ensure that innovation and creativity are seen as allies to this challenge to ensure improvements to patient care and make the best use of the resources available. There will need to be a balance between focussing on the savings to be made and ensuring best value for the funding available. A balance is also necessary in identifying and implementing short-term, in-year savings and planning for the long-term savings required to meet the recurring financial challenge over a number of years. And all of this needs to happen with the context of promoting a mutual NHS where patients, the public and staff are engaged in decision making about service change.

The vision for the end of the Spending Review period and beyond will be one of NHSScotland providing high quality, efficient and responsive public service, showing demonstrable value for money. This revised Framework sets out our approach to working towards this vision.

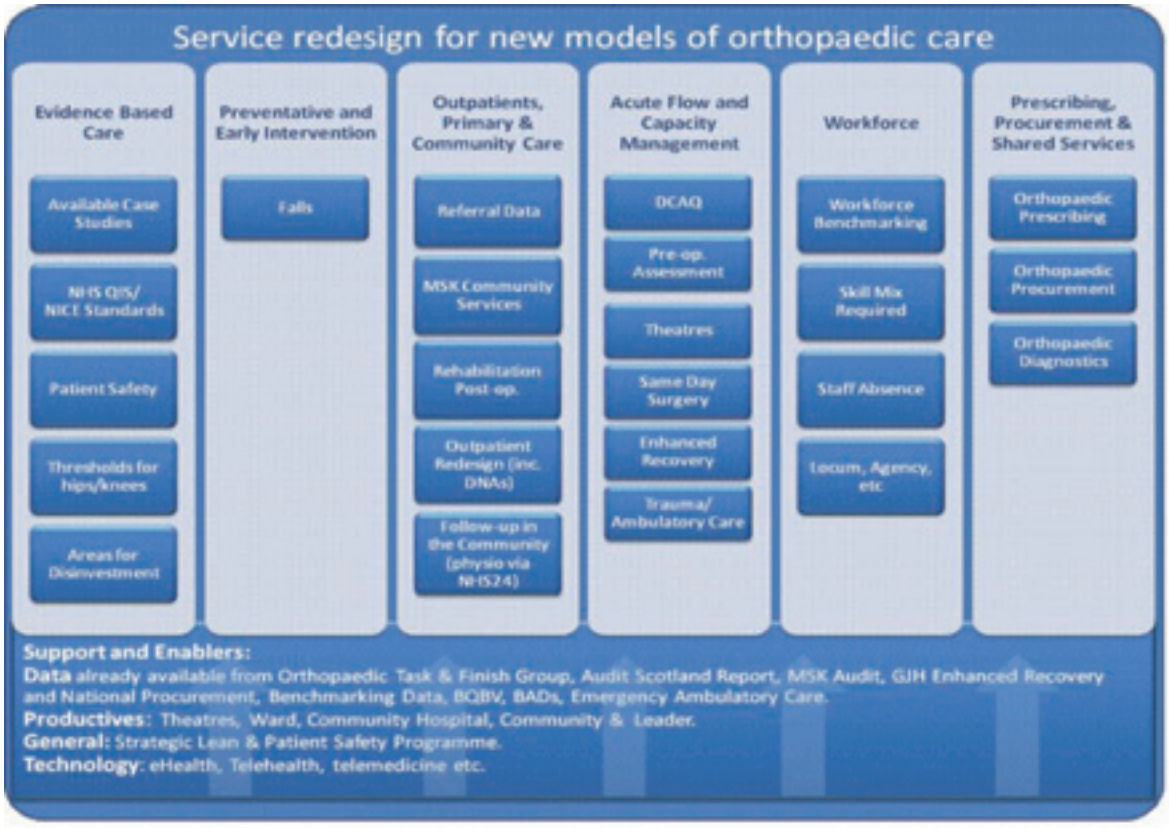
Annex 1: Potential Productive Opportunities

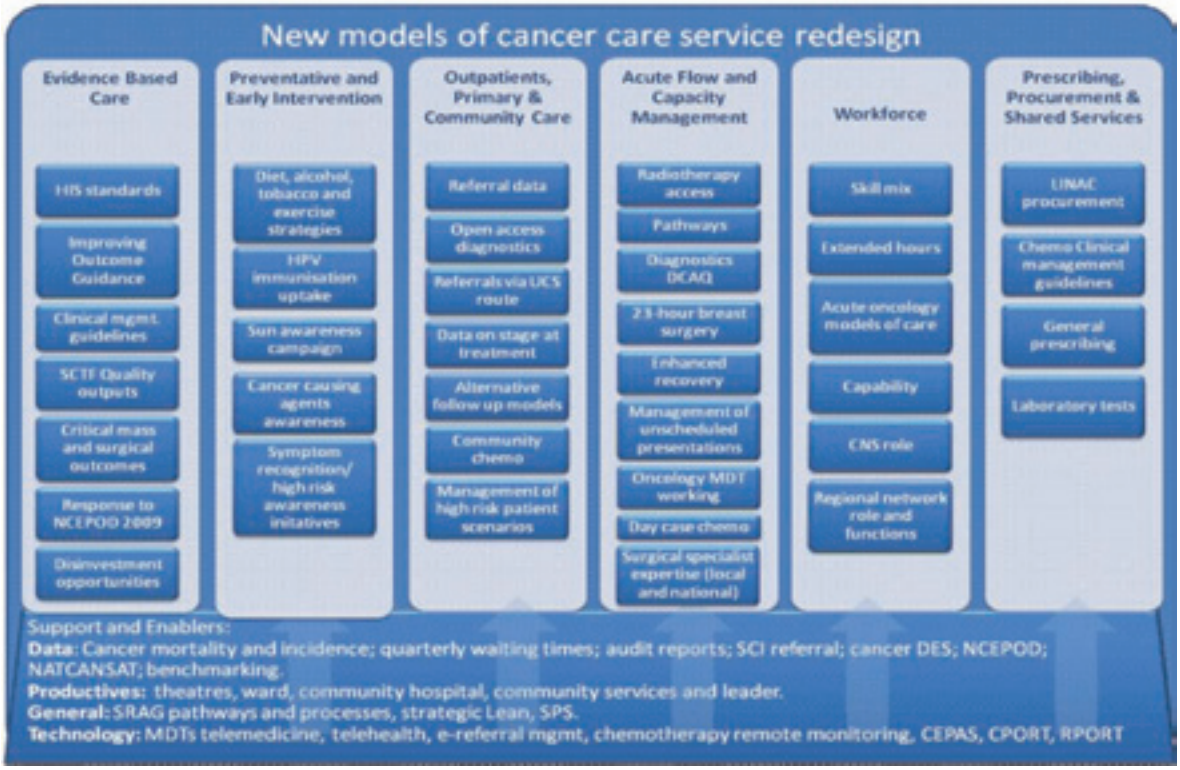
Workstream	Priority Areas for Initial Focus	Impact
Evidence Based Care	Disinvestment, Patient Safety	MEDIUM
Preventative and Early Intervention	GIRFEC, Falls	HIGH
Outpatients, Primary and Community Care	Reducing unwarranted demand on outpatients inc. orthopaedics and dental. Decreasing unnecessary admissions to hospital, RTC in Community	HIGH
Acute Services Flow and Capacity Management	Enhanced Recovery, Emergency Ambulatory Care	HIGH
Workforce Productivity	Locum, agency, on-call, bank costs, management reduction	HIGH
Prescribing, Procurement, Shared/Support Services	Primary care prescribing as part of QOF, good practice from WoS Prescribing Group for acute, NSS Shared/support services Programme	HIGH
Service Redesign, Transformation, Innovation	Whole Systems Approach on cancer and orthopaedics, Enabling Technology	HIGH

Potential Productive Opportunity (national estimate)

Low/Short-Term	up to £50m
Medium/Medium-Term	£50m to £100m
High/Long Term	Greater than £100m

Annex 2: Whole Systems Approach





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