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NHS Improvement

NHS Improvement - providing practical support to primary care

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Who we are and what we do

NHS Improvement has a proven track record in primary care helping to deliver free practical service improvements across a range of different clinical areas.

Working with GPs, practice managers, practice nurses and commissioners over a number of years, it fully understands the current health landscape and its opportunities and challenges.

How we do it

NHS Improvement applies a framework for service improvement and clinical pathway redesign to ensure a consistent and systematic approach to its work.

Working with over 50 clinical leads nationwide, its approach involves piloting and testing; prototyping and developing new service models/innovations and then spreading and disseminating the learning across the NHS.

How can we help you

NHS Improvement can offer you access to free online resources including toolkits and case studies as well support and guidance from our service improvement experts. The potential benefits to you include:

- **Improved quality and patient outcomes**
- **Reduced costs and increased productivity**
- **Solutions to common patient pathway challenges**
- **Access to the latest learning and innovation in various disease areas from across the country**
- **Practical examples to help meet the demands of QIPP, QOF and the new CCG assurance framework.**

Innovative approaches to patient care

Improved testing

To ensure more accurate and quicker test results for patients across a number of clinical pathways, a number of innovative projects are underway including achieving a 14 day turnaround time for women waiting for cervical screening results and low cost tests which can rule out heart failure.

In Doncaster, service improvement methodology was applied to improve phlebotomy services resulting in a **59% reduction in average waiting time** for patients attending the walk-in phlebotomy clinic, many of whom had been referred by their GPs.

Feedback has already been positive with 10 written complaints in 2009-2010 transformed into 21 written and hundreds of verbal compliments in 2010-2011. This was just some of the positive feedback received: "I have been attending phlebotomy for 12 years as a patient of Dr M. Since your reorganisation in the last few months, the reduction in waiting time is both significant and welcome. Well done in improving the patient experience so much" and “100% improvement, it was a pleasure to attend.”

Other improvements have included work in Coventry and Warwick which aimed to encourage greater use of sample request forms (Open Exeter HMR101) to improve the accuracy and speed of results for patients.

Working with GP practices, the initiative provided training for sample takers, where appropriate, and resulted in an increased use of the forms from 11% in May 2009 to 92.35% in May 2010, with the time needed to book in each sample dropping from 144 seconds to 52. **70,000 local women are now getting their samples more quickly** while the laboratory **has saved 1,789 hours per year**, which has freed up time to carry out other testing procedures and helped benefit its primary care colleagues.

Why not join over a 1,000 GPs who are now taking up a free online tool to tackle atrial fibrillation?

NHS Improvement is promoting the use of a tool to improve the management of patients with atrial fibrillation (AF) to reduce their risk of stroke.

The GRASP-AF tool identifies patients with AF, calculates their stroke risk, and details their current management. This information is summarised in a ‘dashboard’ to enable GPs to easily audit their current management of AF against best practice guidelines.

There is also a facility to upload data to CHART online - a web-based comparative analysis tool that enables the anonymous benchmarking of practice data with other practices, PCTs, Cardiac and Stroke Networks and SHAs.

At the end of August 2011, 1,167 practices had uploaded data, 331 practices more than once. The data suggest that 31 strokes have been avoided by some modest changes in management that had taken place. If warfarin prescribing were further increased to 85% of those at high risk, then **a further 177 strokes could be avoided**. This suggests that nationally, about **5,500 AF related strokes are potentially avoidable**.

To download the GRASP-AF tool or for further information visit: www.improvement.nhs.uk/graspaf

Are you using simple blood tests to rule out heart failure in patients?

NICE has recommended that GPs use serum NP testing to help rule out heart failure in patients. The simple blood test costs around £20 and can rule out heart failure with 98% accuracy and reduce the need for further investigations, such as echocardiagrams, by up to 40%.

However, a survey of cardiac networks carried out by NHS Improvement two years ago showed only 46% of PCTs were providing serum NP testing to patients. In response, it offered cost modelling using computer simulation software to encourage PCTs and GP consortia to assess the impact of different pathways for introducing the test, and to help them choose the most clinical and cost effective solution. A total of 35 PCTs responded, and modelling has so far been completed in 25 of them.

In East Riding of Yorkshire, modelling was completed and serum NP testing commenced soon after – the accuracy of the model was proven as after anticipated cost savings of between £66,000 and £110,000 per year, the PCT delivered an £81,000 saving. Soon after all six PCTs in Lancashire and Cumbria began offering the service following predicted savings of between £100,000 and £167,000 per PCT per year. **If your local area is not using serum NP testing, please contact Elaine Kemp for further information or to carry out cost modelling. Email: elaine.kemp@improvement.nhs.uk**

“Working with NHS Improvement provided us with invaluable support and insight into how to establish a community atrial fibrillation service. Through sharing ideas and reviewing working models with other pilot sites, we were able to adopt and implement many examples of good practice locally.”

Dr Chris Arden, GP in Southampton

Could you do more to help your patients with COPD or asthma?

Sixteen teams in primary care covering Cornwall to Lancashire have been working with NHS Improvement to test ways of implementing improvements in chronic obstructive pulmonary disease (COPD) and asthma services.

The work has identified practical ways to help both patients and practices and includes:

- Ensuring all patients are accurately diagnosed and recorded on practice disease registers through education and improved systems
- Improved diagnosis and annual reviews
- Cost effective prescribing and reduced medicines waste
- Ensuring all patients have effective individualised self management plans and rescue medication
- Enhancing patients' ability to self manage - testing concept of extended consultations.

Practices have been supported in using service improvement methodology to improve patient pathways. Primary care and acute admission data, process mapping and patient feedback were analysed to identify risk, duplication and waste and to evaluate the impact of changes implemented.

Results to date have shown efficiency and quality improvements including:

- **Respiratory prescribing costs for one practice reduced by £1,300 per month**
- **Urgent GP appointments reduced by using planned nurse appointments**
- **COPD exacerbations requiring admission falling from 8% to 5%**
- **Exacerbations in patients with self management plans identified earlier.**

For more information on how NHS Improvement could help your practice, contact: zoe.lord@improvement.nhs.uk or catherine.blackaby@improvement.nhs.uk

Improved treatment

One area where NHS Improvement is working with both primary and secondary care partners is around enhanced recovery. This is an innovative approach to care before, during and after surgery, that can dramatically improve both recovery times for patients and make efficient use of hospital resources. Both GPs and the acute trust can work with the patient during the pre-operative phase to ensure they are physically in the optimum condition ready for surgery.

It also means that commissioners can make cost savings from fewer complications, reduced length of stay and lower conversion rates. *'Commissioning for enhanced recovery, principles of enhanced recovery, the benefits for patients and ways in which commissioners can influence the delivery of this care for your patients'* is a webex providing more information. To access this visit: www.improvement.nhs.uk/enhancedrecovery/webex1

Improved ongoing care

Improving aftercare and long term follow up services for survivors of childhood cancer is another area which NHS Improvement is focusing on and is keen to see partnerships across primary, secondary and tertiary care developed for more sustainable and integrated care pathways.

Four models of care are being tested at pilot sites – with primary care being seen as playing a key role if these are to be a success. As part this work, research was conducted to establish the appetite of GPs in supporting non-hospital based follow up where is it appropriate for cancer patients.

Are your home oxygen services working effectively?

NHS Improvement is working with a number of primary care project teams as part of the National Outcome Strategy for COPD and Asthma to ensure that patients requiring home oxygen are clinically assessed for hypoxaemia prior to commencement of long term therapy, and that these patients are reviewed at regular intervals by improved use of oxygen registers.

It is estimated that 30% of people in England, who are prescribed oxygen as a form of therapy, either do not use it or derive no clinical benefit from it. **A potential savings of £45 million a year (equivalent to £300,000 per primary care trust) could be achieved nationally** by focusing on improving quality and productivity within the home oxygen service through the establishment of home oxygen service assessment and review (HOS-AR) services.

Hull is one of the project teams who featured a multidisciplinary approach including respiratory nurses, smoking cessation specialist, commissioners, oxygen provider, patient and the fire service. During the 12month project, over 1,500 patients were assessed or reviewed. Following this, therapies were removed, flow rates adjusted and equipment changed and the monthly oxygen costs fell by over £15,000. The PCT also reported achieving QIPP savings of £200k in oxygen prescribing, taking into the account the level of growth expected from previous years costs.

In addition to the work being underpinned by the Home Oxygen Service – Assessment & Review Good Practice Guide, British Thoracic Society Home Oxygen Services Standards and NICE COPD guidelines, the teams have also been encouraged to use a systematic approach to improvement by using tools such as process mapping and demand and capacity analysis.

For more information on how NHS Improvement could help you, contact: ore.okosi@improvement.nhs.uk

"At a time of revolution in the bureaucracies of the NHS it is a time to not lose sight of patient care. NHS Improvement supports clinical teams in developing innovative solutions to common pathways to support high quality, cost effective and practically relevant change."

Dr Matt Fay, GP in Bradford and Airedale, and NHS Improvement Clinical Lead

Around 200 GPs across Yorkshire and Humber completed the survey and the results are being analysed to consider the next steps. Treatment summary and care plans have also been developed and tested with principal treatment centres, clinicians, patients and GPs.

Early evidence indicates that a shift toward supported self management or professional-led shared care are advantageous for patients as they can access services nearer to home and away from a hospital environment. Any changes would need support through appropriate recall systems for patients and GP education.

In those adults surviving cancer, work has been carried out looking at how patients and GPs could be better informed about the patient's treatment and future needs – in particular use of treatment record summaries. These were evaluated to see if they resulted in more effective monitoring and management of cancer survivors and improved communication between the specialist cancer team, GPs and wider primary care team. 80% found it useful/very useful and 50% said it would make a difference to how they practiced. The initiative - shortlisted in the 2011 Excellence in Oncology Awards - is now being rolled out further.

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NHS Improvement's strength and expertise lies in practical service improvement. It has over a decade of experience in clinical patient pathway redesign in cancer, diagnostics, heart, lung and stroke and demonstrates some of the most leading edge improvement work in England which supports improved patient experience and outcomes.

Working closely with the Department of Health, trusts, clinical networks, other health sector partners, professional bodies and charities, over the past year it has tested, implemented, sustained and spread quantifiable improvements with over 250 sites across the country as well as providing an improvement tool to over 1,000 GP practices.

NHS Improvement

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