



Tackling Failure Demand in East Devon PCT

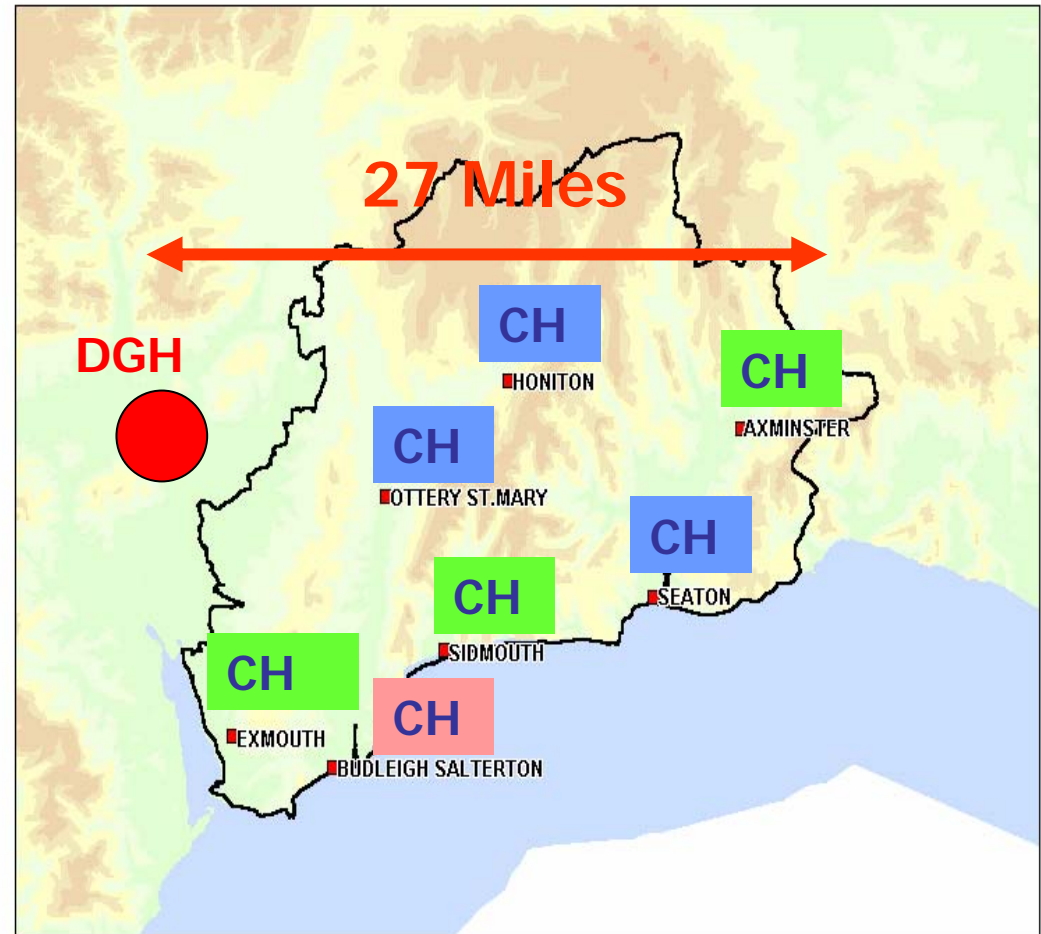
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&
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Practice Based Commissioning, Lean & Long Term Conditions

- *A brief Look at the East Devon Practice Based Commissioning (PBC) Scheme & understanding the Payment by Results system*
- *Examples of Long Term Condition (LTC) initiatives supported through PBC*
- *An Holistic Approach*

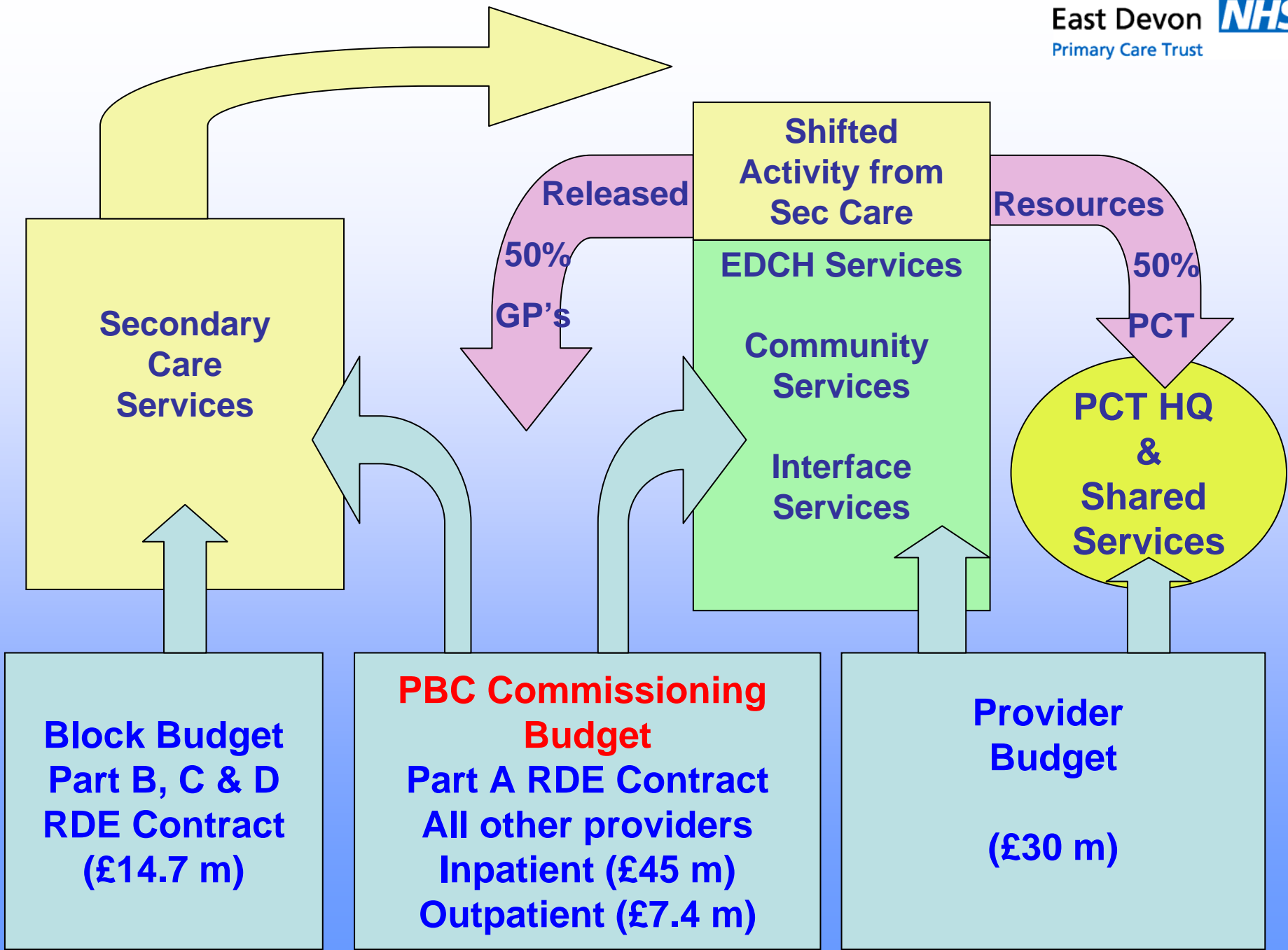
East Devon Profile

- 13 Practices
- 7 Community Hospitals
- Population of 118,000
- High Elderly Population – 27% over 65's
- Wide Geographical Rural Area - Low population Density
- One Main Acute Provider – Foundation Trust
- PBC Introduced 2004/05



East Devon Values

- Ensuring patient is seen in right place, at right time, by right person
- Ensuring patients to be treated as close to home as possible
- Developing Local Services, as an alternative to Secondary Care
- Developing & Improving services that are patient centred
- Removal of waste
- Providing proactive ‘up stream’ care for Patients with LTC
- Achieving Financial Balance
- Consensus Building



Secondary
Care
Services

Shifted
Activity from
Sec Care

EDCH Services

Community
Services

Interface
Services

Resources

50%

PCT

PCT HQ
&
Shared
Services

Released

50%

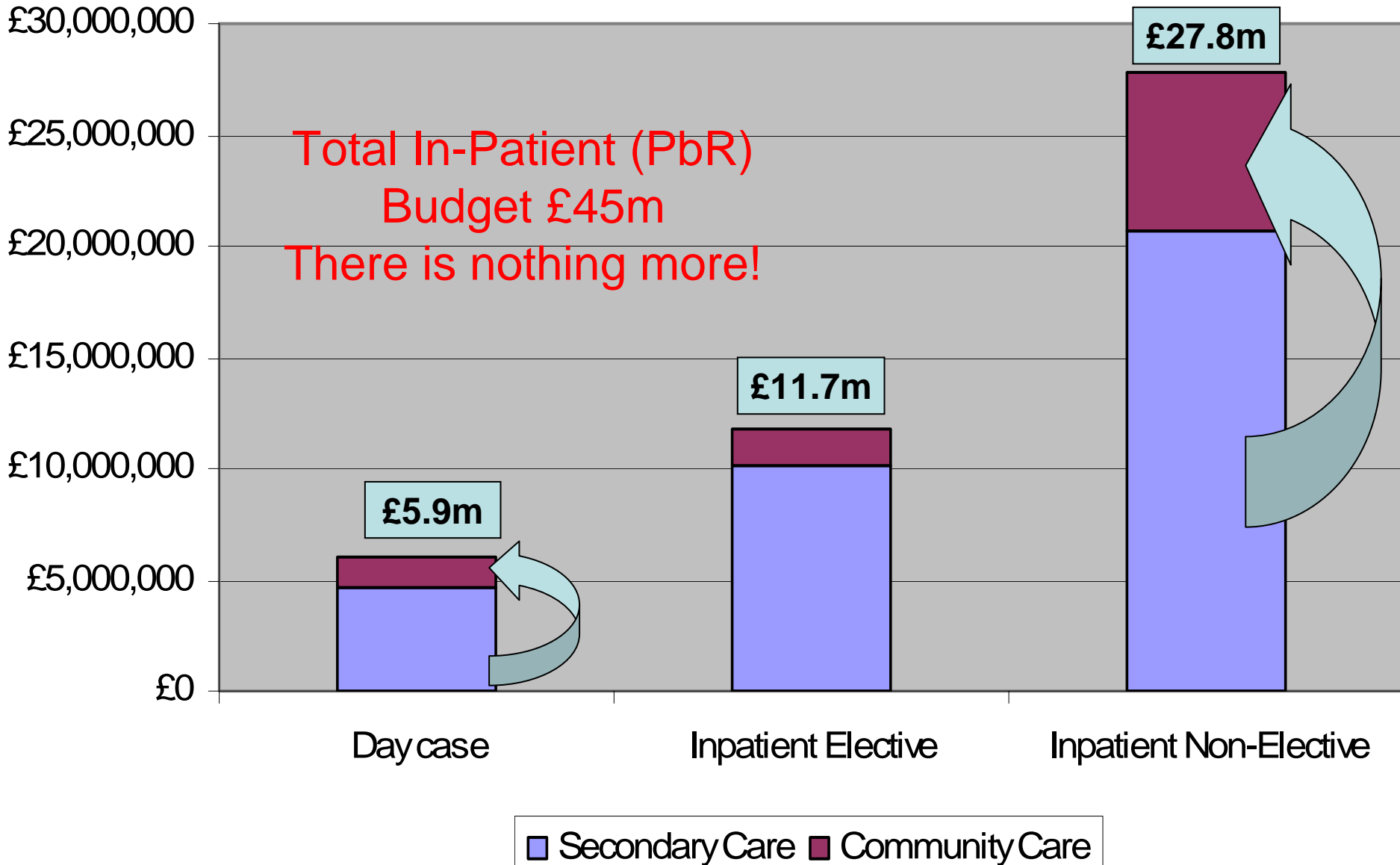
GP's

Block Budget
Part B, C & D
RDE Contract
(£14.7 m)

**PBC Commissioning
Budget**
Part A RDE Contract
All other providers
Inpatient (£45 m)
Outpatient (£7.4 m)

Provider
Budget
(£30 m)

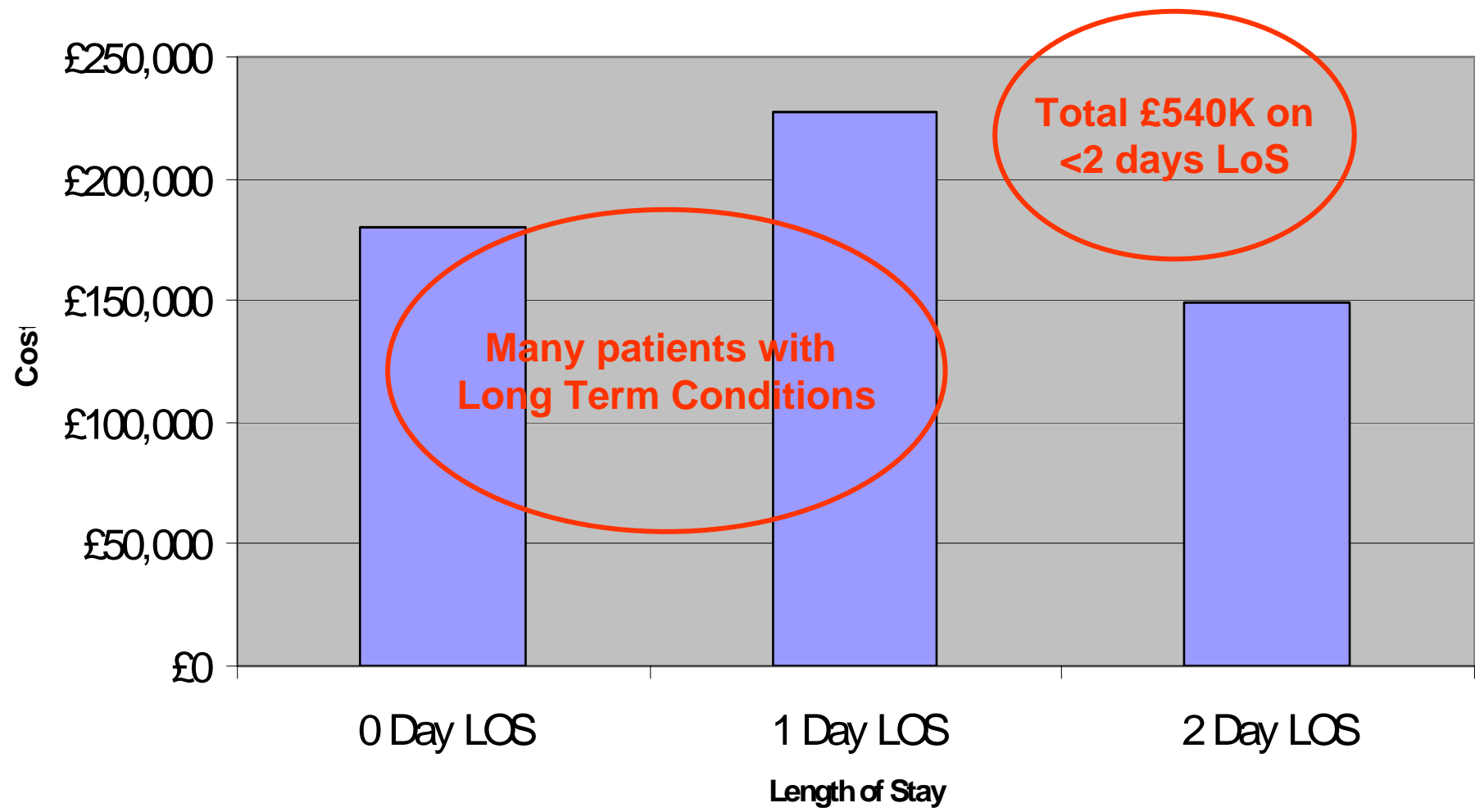
East Devon Commissioning Budget 2005/06 Part A Contract



Practice Budget Statement

		Agreed Baseline 2005/06	
Case Type	Provider	Volume	Cost
Daycase Elective	Main Acute Provider	1146	£683,576
	East Devon Community Hospitals	480	£263,845
	Other Trusts	10	£6,400
	Total	1636	£953,820
Inpatient Elective	Main Acute Provider	618	£1,211,704
	East Devon Community Hospitals	197	£436,450
	Other Trusts	26	£106,835
	Total	841	£1,754,988
Inpatient Non-Elective	Main Acute Provider	1129	£2,704,548
	East Devon Community Hospitals	298	£656,118
	Other Trusts	19	£77,023
	Total	1446	£3,437,689
Grand Total		3923	£6,146,498

Non Elective Admissions to DGH 0 to 2 Day LOS April 2004 to March 2005



Identifying frequent users of secondary Care

Non-Elective Admissions to Local Acute Provider April - July 04							LOS	Total Cost
Patient A	D20	Chronic Obstructive Pulmonary Disease or	£1,917	27/03/2004	07/04/2004	11		
Patient A	D20	Chronic Obstructive Pulmonary Disease or	£1,917	08/04/2004	12/04/2004	4		
Patient A	D20	Chronic Obstructive Pulmonary Disease or	£1,917	06/05/2004	16/05/2004	10		
Patient A	D20	Chronic Obstructive Pulmonary Disease or	£1,917	17/05/2004	07/06/2004	21		
Patient A	D20	Chronic Obstructive Pulmonary Disease or	£1,917	27/06/2004	06/07/2004	9	£9,586	
Patient B	Q13	Diagnostic Radiology - Arteries or Lymphat	£4,779	24/04/2004	07/06/2004	44		
Patient B	E19	Heart Failure or Shock <70 w/o cc	£1,887	08/06/2004	08/06/2004	0		
Patient B	E19	Heart Failure or Shock <70 w/o cc	£1,887	22/06/2004	02/07/2004	10	£8,553	
Patient C	G15	Therapeutic Pancreatic or Biliary Procedure	£4,135	18/03/2004	27/04/2004	40		
Patient C	G15	Therapeutic Pancreatic or Biliary Procedure	£4,135	01/05/2004	28/05/2004	27	£8,271	
Patient D	C54	Mouth or Throat Procedures - Category 6	£7,984	13/04/2004	14/05/2004	31	£7,984	
Patient E	L51	Chronic Renal Failure	£2,516	19/05/2004	20/05/2004	1		
Patient E	L05	Kidney Intermediate Endoscopic Procedure	£5,118	20/07/2004	21/07/2004	1	£7,634	

Invest to Save initiatives around LTC – value stream

- Community Liaison Worker
 - linked to practice DNs & LTC
 - Avoiding delayed discharge & reducing LOS
- Generic Worker
 - patients discharged from hospital with LTC – avoiding re-admission
- Integrated Teams Approach
 - Additional Nursing & DN Hours
 - In House Social Care Workers, Pharmacist & Physio/OT
 - ‘Chief Engineer’

The Business Case for Invest to Save Initiative

Additional Nurse, Practice Based SW Hours & Clinical Pharmacy (Cost: £39,000 pa)

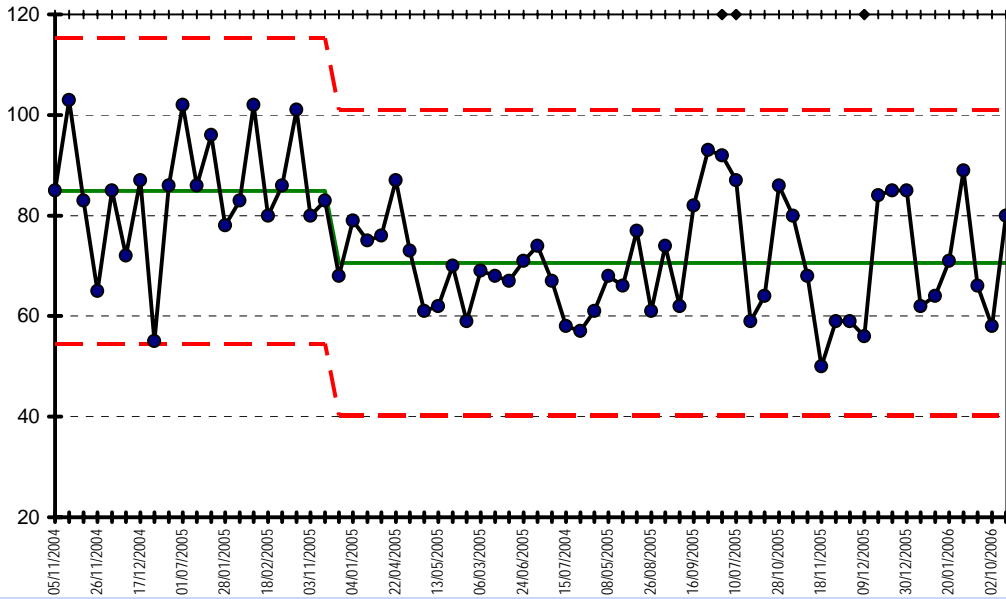
- Benefits to Patients

- ‘Case manage’ at risk patients – Integrated health and social care
- Develop a LTC register for ‘at risk’ patients to support proactive management
- Managing patients in/close to home

- Forecast Benefits to Practice

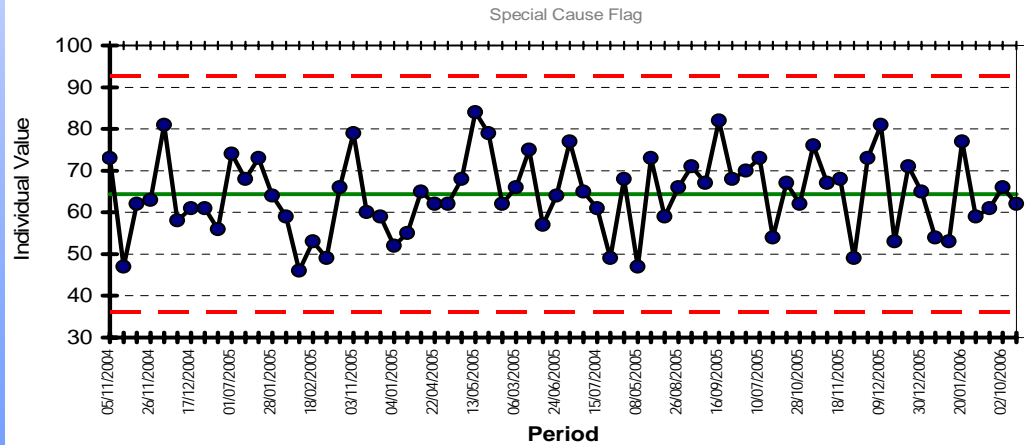
- Forecast prevention of 4 admissions per month:
Forecast release resources: **£96,000** pa for local investment

GP Admissions to RDE



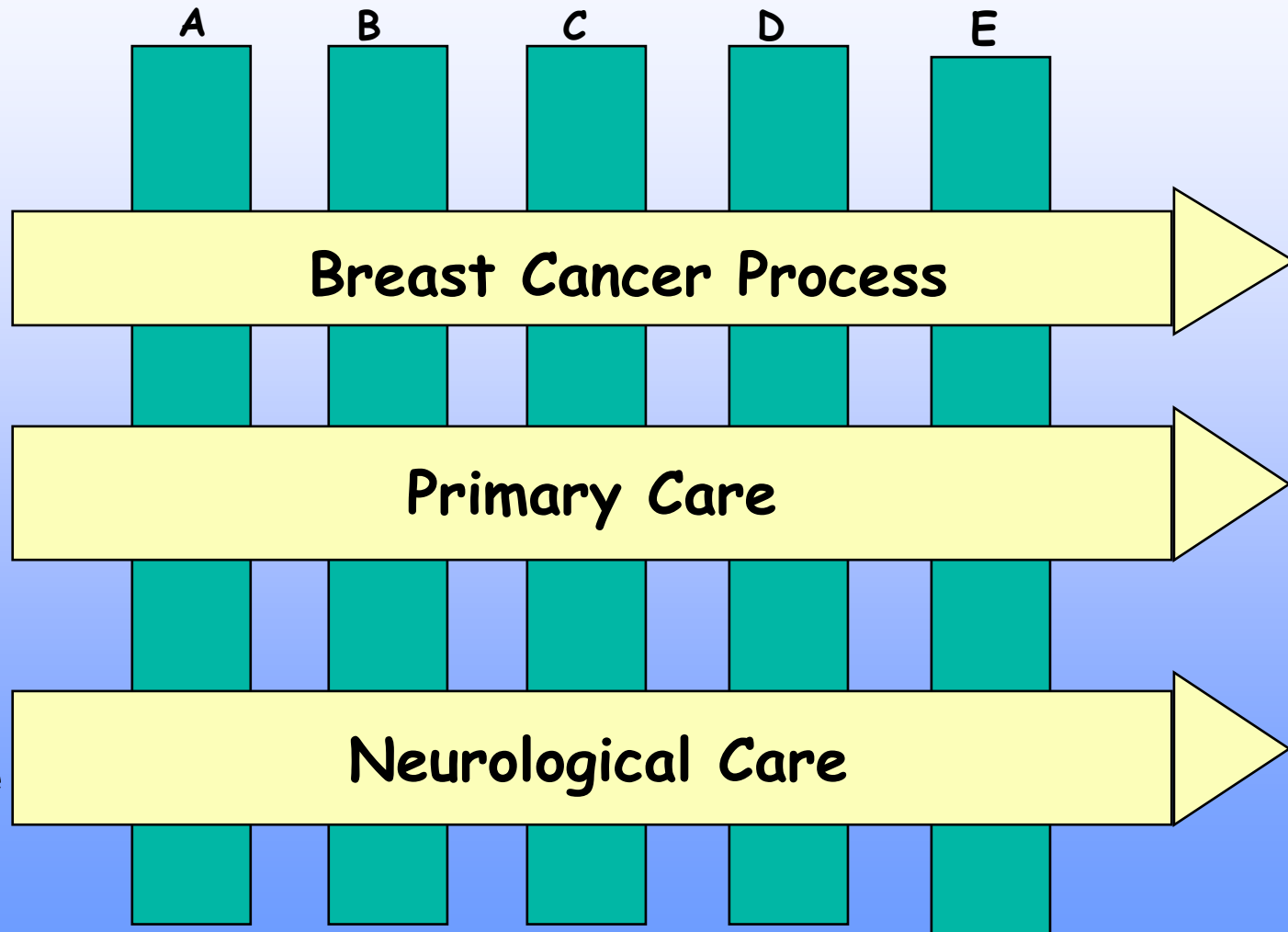
£340K underspent on Emergency Admissions for 05/06

A/E admissions



Managing the end to end process

organisational/departmental boundaries

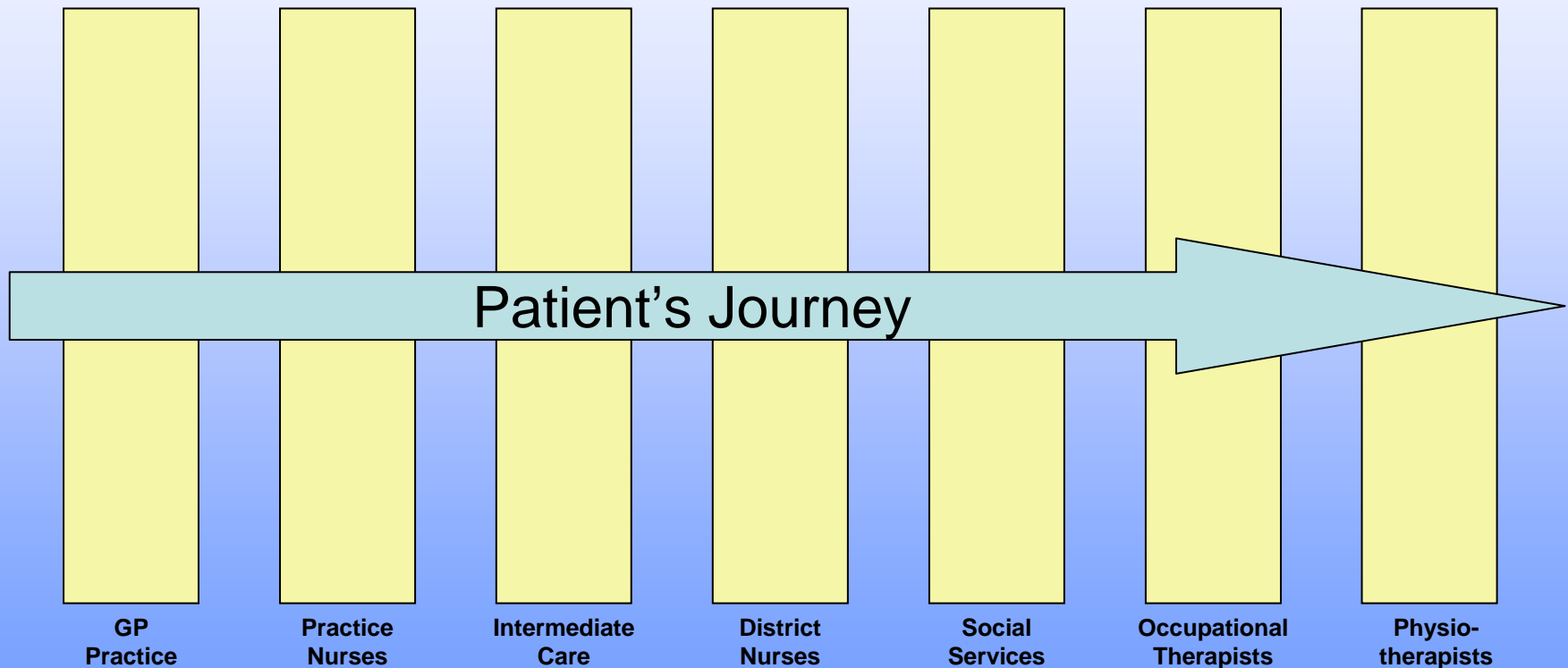


- 30 - 70% of work doesn't add value for patient
- up to 50% of process steps involve a "handoff", leading to error, duplication or delay
- no one is accountable for the patient's "end to end" experience
- job roles tend to be narrow and fragmented

Developing Integration

- Highly skilled generalists (80/20)
- Whole teams become proactive
- Reduces waste in many ways
- Improves whole systems working
- Teams working on patient flows

Co-ordinating patient flows at a locality level – the role of the ‘Chief Engineer’!

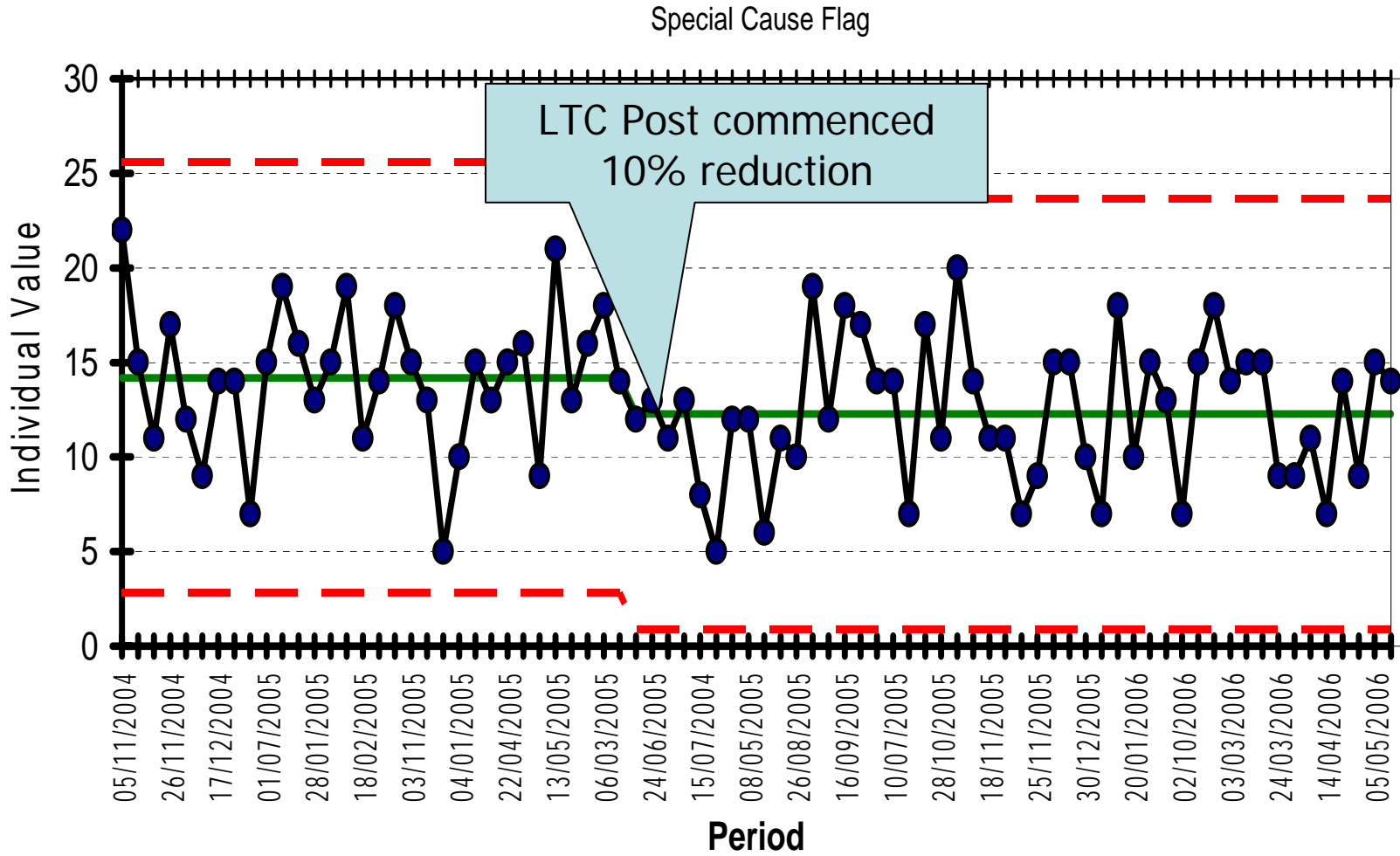


Leadership capacity to support patients' flow across the current "functional" roles (more integration)

Additional PCT Initiatives - Whole systems approach

- 24 Hour Access to Intermediate Care
- Weekend OT at A&E
- Whole systems approach to avoiding Falls
- Practice link to Discharge Co-ordinator in Secondary Care
- Long Term Conditions Nurse Pilot
 - Care for housebound patients with LTC focus on Diabetes, CHD & COPD

Emergency Admissions



Reducing the HbA1C in Case Managed Diabetic patients

Patient No.	Date	1 st Reading	Date	2 nd Reading
26503	09 05 05	7.7	20 04 06	7
1779	03 06 05	9.1	23 03 06	8.5
6790	13 02 04	14	03 05 06	7.1
6185	18 10 05	12.7	05 04 06	7.2
2170	16 05 05	8.9	01 03 06	6.9
25612	06 08 04	9.6	22 08 05	7.7
4160	10 05 06	13.5	19 01 06	10.2
4042	17 10 05	7.1		
465	03 06 05	6	21 11 05	5.1
1687	28 06 05	10.7	13 10 05	4.8
13666	01 12 05	7.5	25 04 06	6.1
1478	02 08 05	5.8	24 04 06	6
10441	20 06 05	14.2	03 02 06	6.4

Additional PCT Initiatives – Whole Systems Approach

- Move to Locality Commissioning
 - Project Blue Sky
 - Establish formal structures to plan, monitor, purchase develop & improve
 - Based on local need and priority
 - Locality/whole systems thinking
 - Health, Social Care and Patients & Public input

Final thought



**“Overnight success
takes years to
achieve”**

Thank You

Any Questions?

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