



Moving clinicians to the heart of the decision-making: how it made a difference

Hugh Reeve

*Westmorland Primary Care Collaborative
NHS Cumbria*

The NHS in Cumbria circa 2006



A Health Community at war

- A series of unhappy mergers that failed to address fundamental issues
- A history of external service reviews all proposing radical measures ... None implemented
- Clinicians (and in particular doctors) completely disengaged
- Community services fragmented, with proposals to close community hospitals
- Finance and activity out of control – £36.7m historic debt - £100m deficit projected over 5 years

Moving clinicians to the heart of decision making

In 2006 GPs were nowhere to be seen

- A change of culture – as much among senior management as amongst clinicians
 - New chief executive
 - Identifying GP leaders and building a new senior team – with clinicians and managers as equal partners
 - Coming together around a shared vision
 - Learning together – on the job and on study trips
 - Building trust and earned autonomy for clinical leaders
- Culture eats strategy for breakfast!



In 2010 GPs lead the PCT in partnership with senior managers

PCT Board

Clinical Senate

(6 GP Locality Leads, 2 Medical Directors, DPH, 5 Executive Directors)

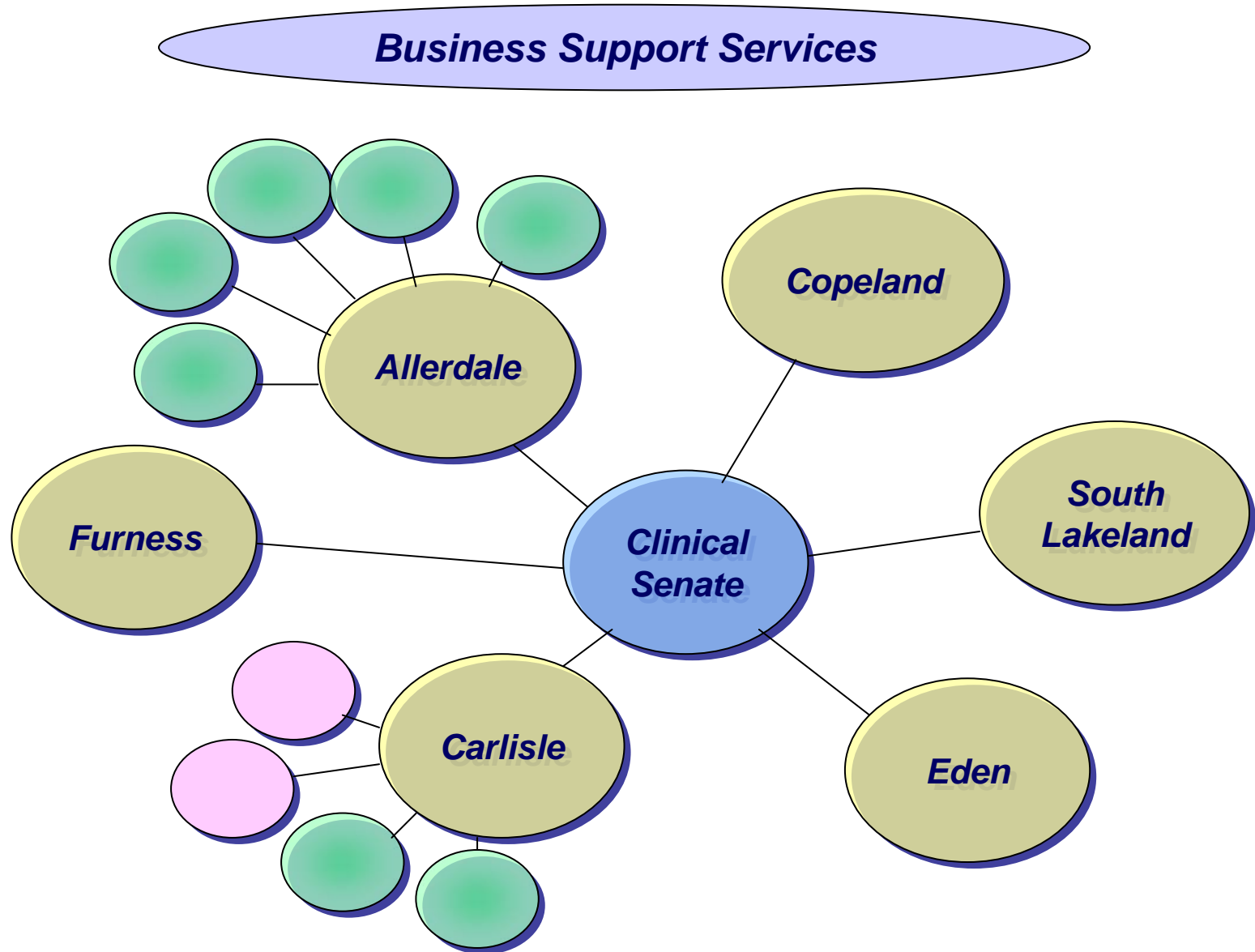
Six Localities

Allerdale Carlisle Copeland Eden Furness South Lakeland

(Each locality has developed a slightly different structure and approach to suit local circumstances)

Localities are responsible for 60% of commissioning (100% from April 2011) and provide leadership for general practice and all community services.

Locality Arrangements



Welcome to South Lakeland



Westmorland Primary Care Collaborative

Doing the right thing for our patients

- Natural community
 - Out of Hours Co-Op
 - Primary Care Group
 - Started some discussions about commissioning in early 2006
- Commissioning together since 2007 and more formal commitment since April 2010
- A Commissioning Group of 21 practices covering 110,000 patients
- PCT -> clinical leadership + mgt support, along with a LES of £1 per patient



Westmorland Primary Care Collaborative

Doing the right thing for our patients

A clear vision:

Our vision is to see our patients living healthier and longer lives, within communities that sustain and promote their health. Our challenge is to ensure high quality healthcare is available to everyone across the locality whatever their age, background or place of residence.

A set of distinctive values ...

The journey so far?



WPCC – the financials

- £83m “hard” budget for current year (60% of total PCT budget), with accountability devolved by chief executive to locality level.
- **September 2010:**
 - PBR expenditure in Sept10 **£613k less** than in Sept 09
 - Prescribing: Forecast out-turn **£538k under spend** (-3.2%) on a prescribing budget of £17m (that was reduced by 1% on 09/10 budget)
 - Community Services budget **in balance**

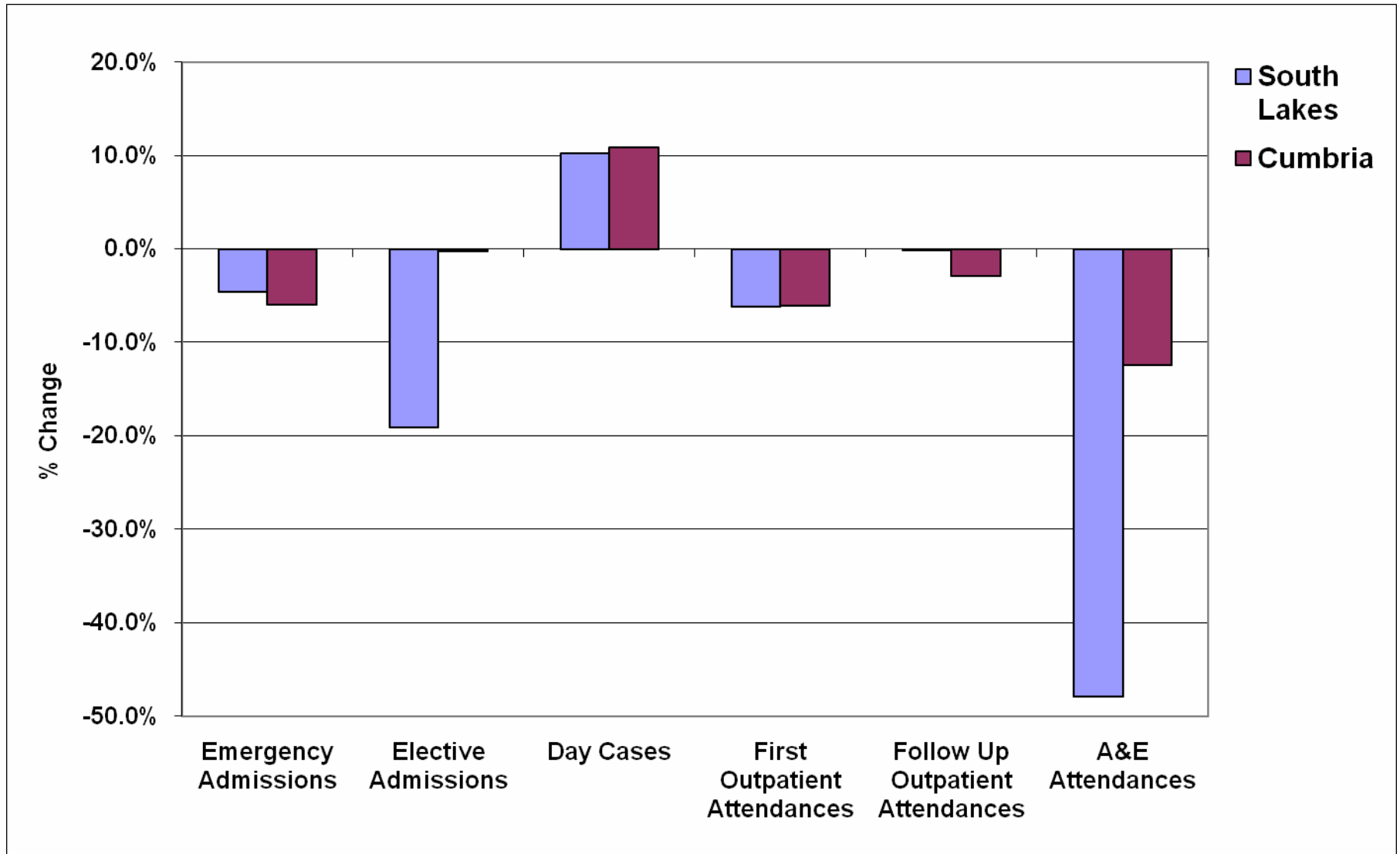
Key Service Developments

- New primary care led minor illness and injury unit, integrating with GP OOHs
- 51 bed GP-led community wards – step up and step down (need PBR savings to fund this!)
- Short Term Intervention Team – nurses, therapists and social workers
- Community Respiratory Team + pulmonary rehabilitation
- One stop dermatology service
- *Successful Ageing* initiative with District Council and Voluntary Sector

Primary Care Infrastructure

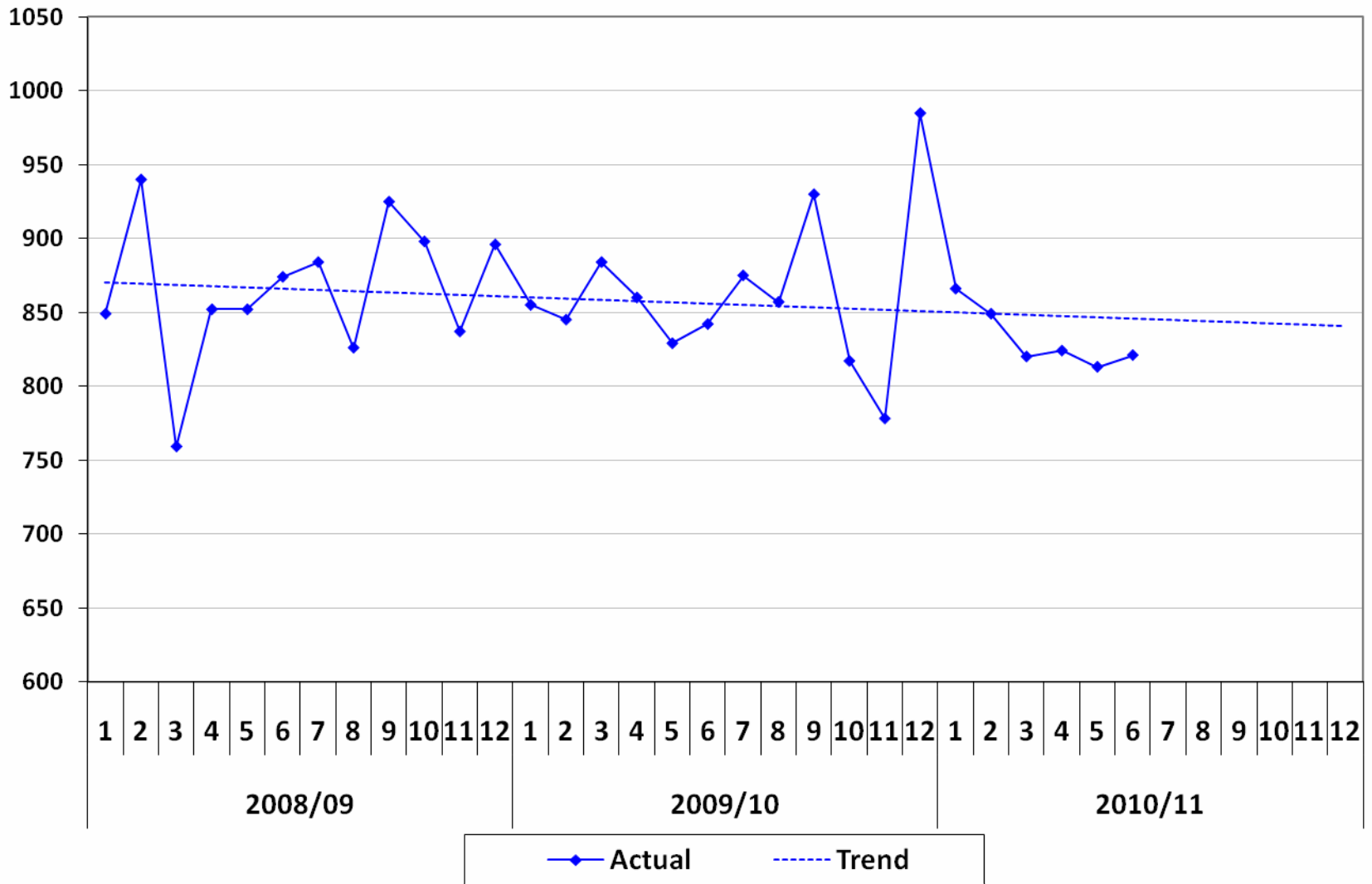
- Practice based medicines managers
- Referral support scheme
- Since 2007 – one new primary care build completed and three more to start before April (approx £11m investment)
- Integrated IT using *EMIS web* - £2m investment in our locality initiated and led by WPCCC
- Setting up a GP Provider company to sit alongside the Commissioning Collaborative – to support GP (education, back office, CQC etc) and to provide extended services to population

% Change in activity from Q1 08/09 to Q1 10/11

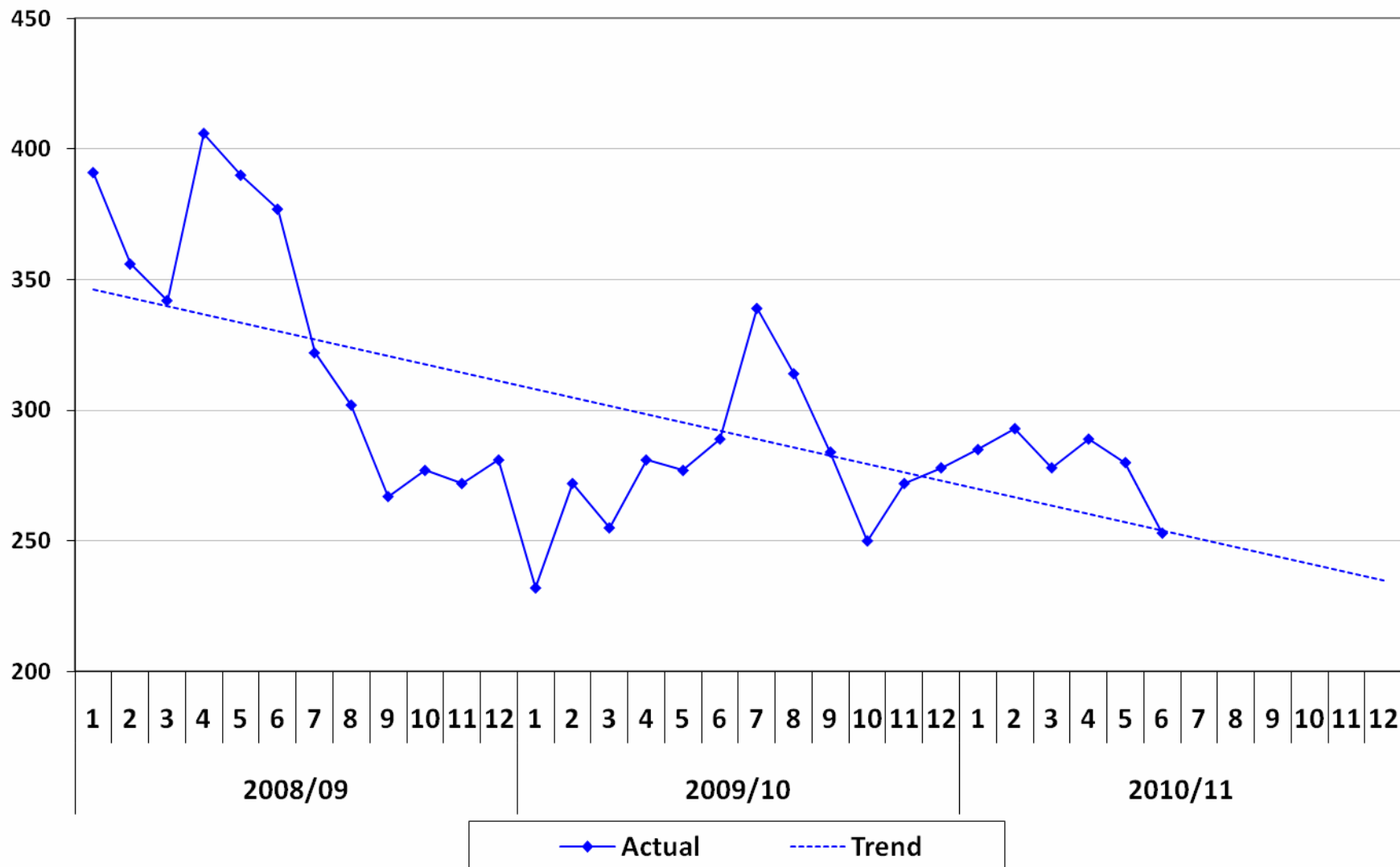


⇩ PCT name	⇩ <u>Emergency Admissions Q1 2008/9</u>	⇩ <u>Emergency Admissions Q1 2009/10</u>	⇩ <u>Emergency Admissions Q1 2010/11</u>	⇧ <u>% change Q1 2008/09 to Q1 2010/11</u>
Trafford	4664	5119	5530	18.6%
Heywood, Middleton and Rochdale	5645	6361	6558	16.2%
Manchester	14295	15411	16540	15.7%
Oldham	6347	6162	7212	13.6%
Salford	7668	8078	8463	10.4%
Ashton, Leigh and Wigan	8280	8885	9130	10.3%
Central and Eastern Cheshire	12207	12555	13404	9.8%
Tameside and Glossop	6004	6091	6567	9.4%
Stockport	8116	8573	8881	9.4%
Western Cheshire	6389	6731	6950	8.8%
Warrington	5550	6179	6011	8.3%
East Lancashire	9889	10204	10707	8.3%
Blackpool	4410	5006	4754	7.8%
North Lancashire	8441	9151	9014	6.8%
Central Lancashire	12159	12845	12961	6.6%
Blackburn With Darwen	4680	4786	4976	6.3%
Sefton	8038	8320	8435	4.9%
Halton and St Helens	9920	10170	10316	4.0%
Wirral	10115	10288	10465	3.5%
Liverpool	16224	15837	16743	3.2%
Bury	5040	4886	5186	2.9%
Knowsley	6188	6190	6011	-2.9%
Bolton	7559	7226	7158	-5.3%
Cumbria	13255	13492	12454	-6.0%

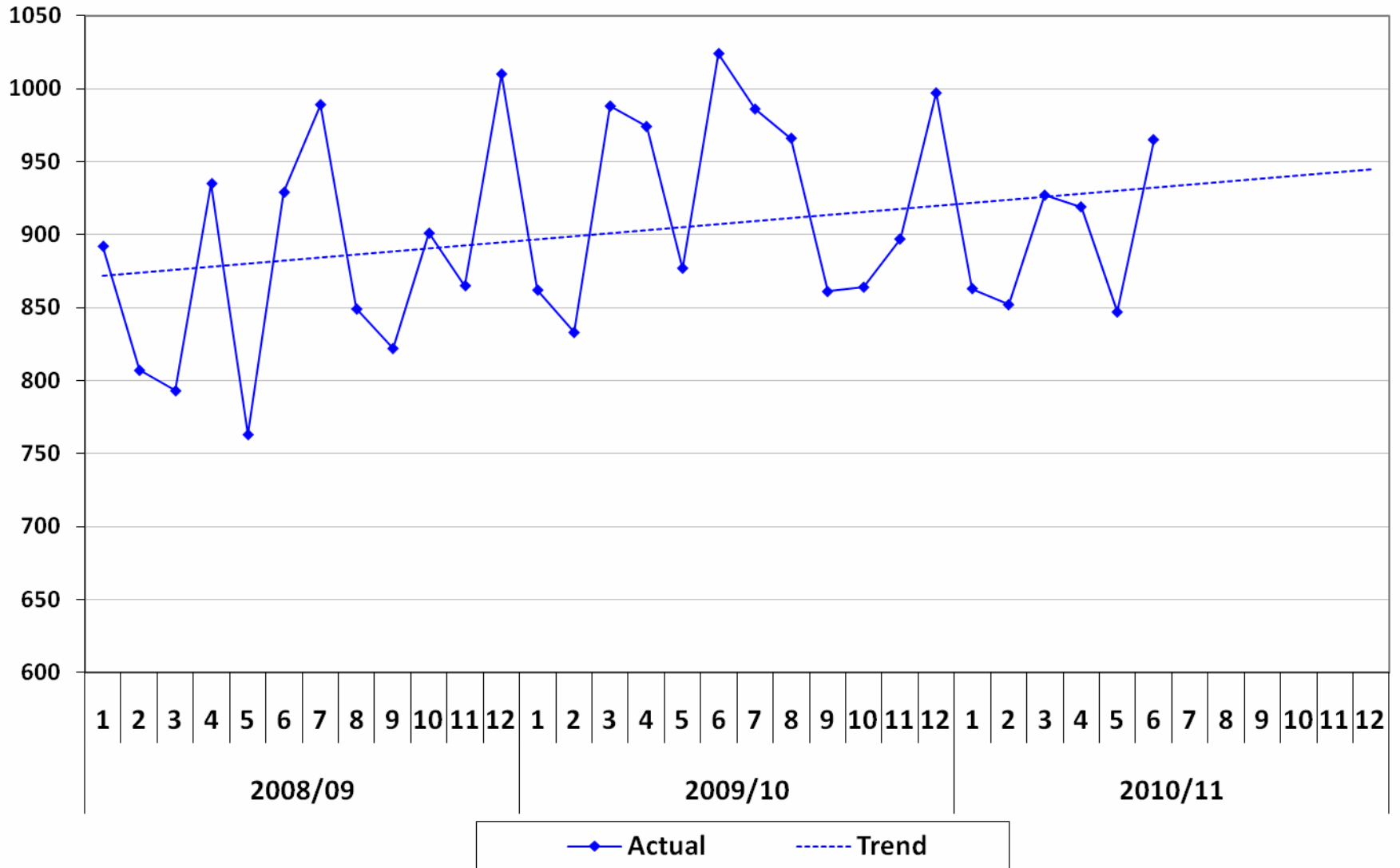
SOUTH LAKES TOTAL PBR NON-ELECTIVE INPATIENT SPELLS



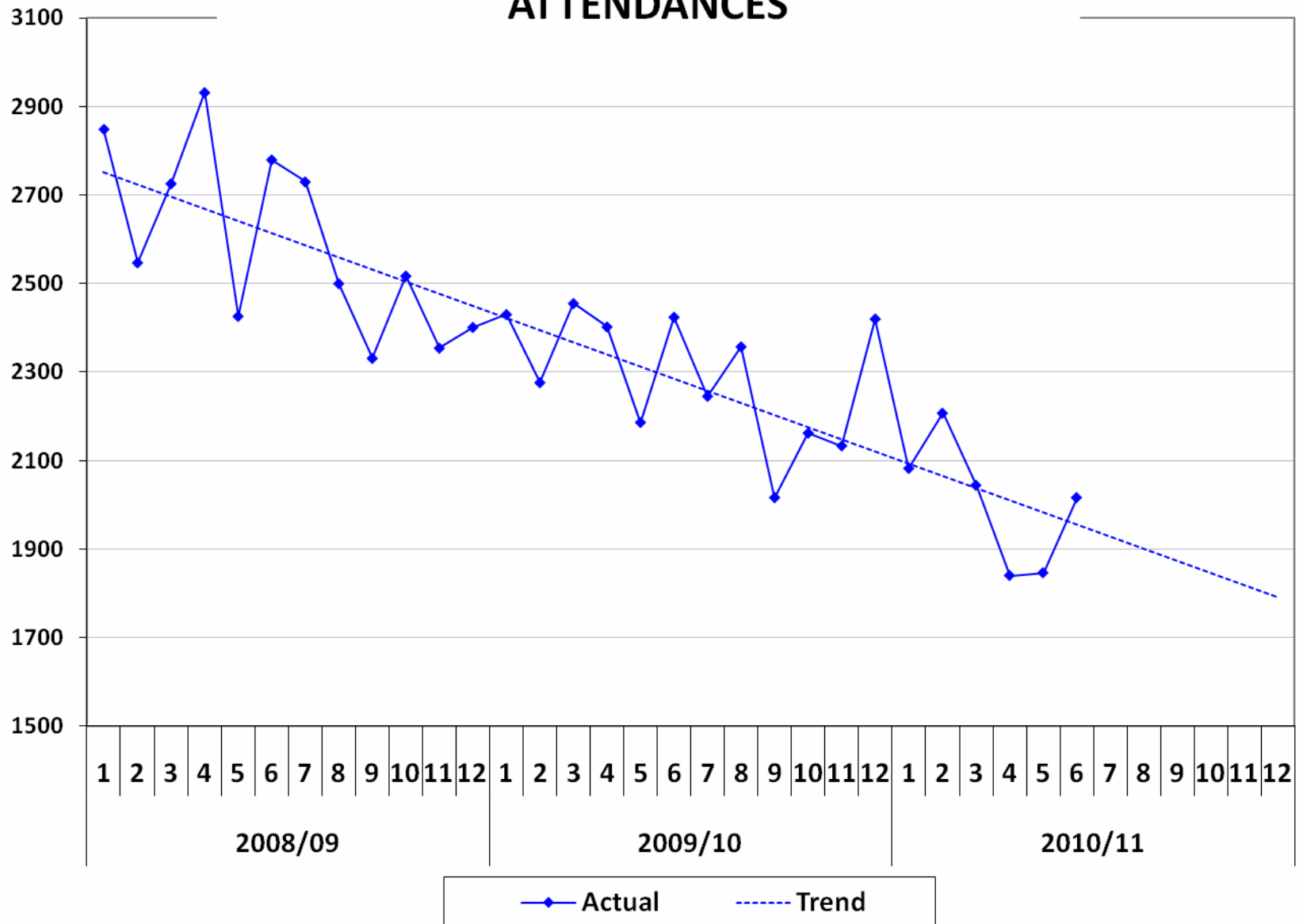
SOUTH LAKES TOTAL PBR ELECTIVE INPATIENT SPELLS



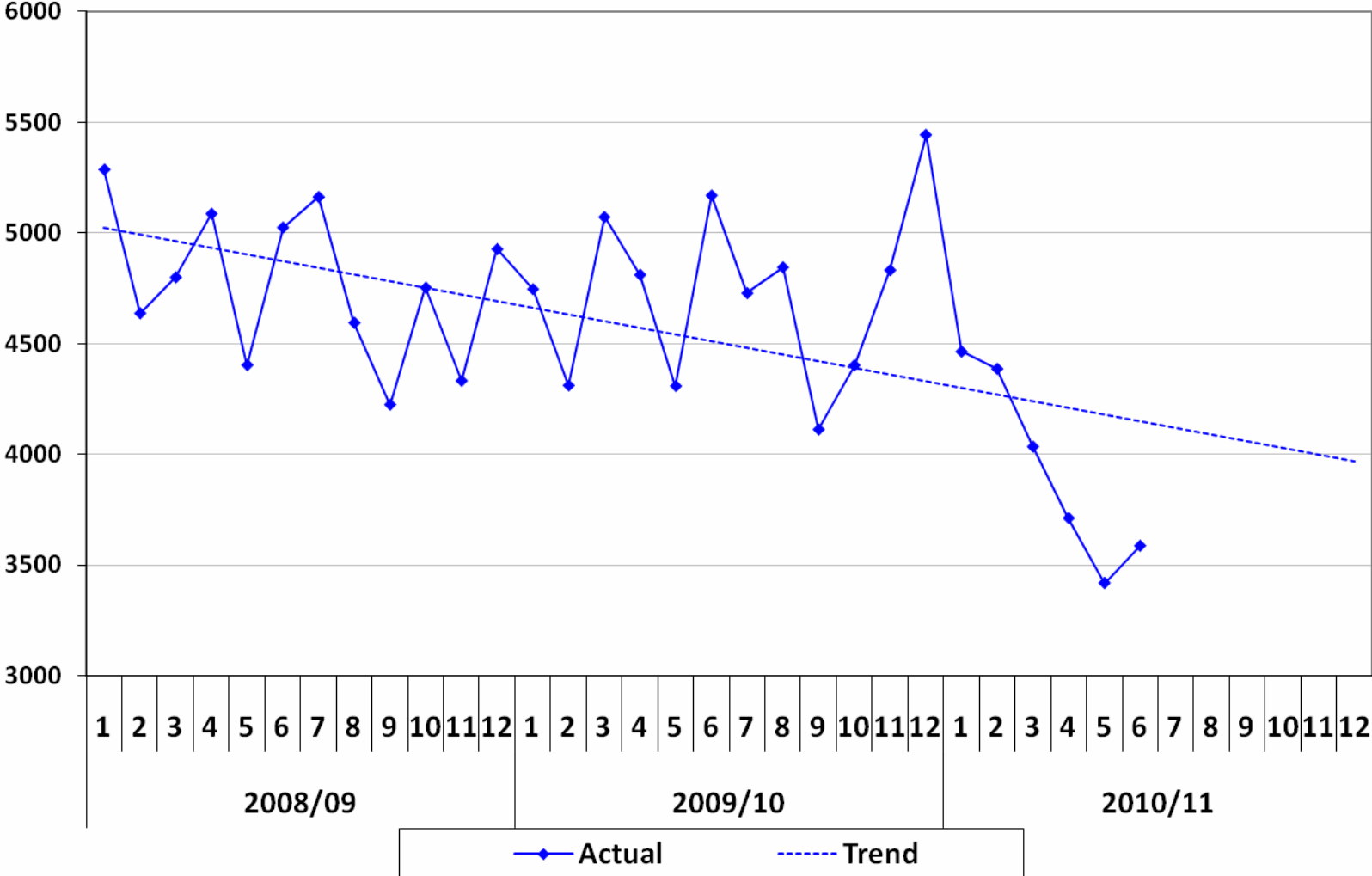
SOUTH LAKES TOTAL PBR DAY CASE SPELLS



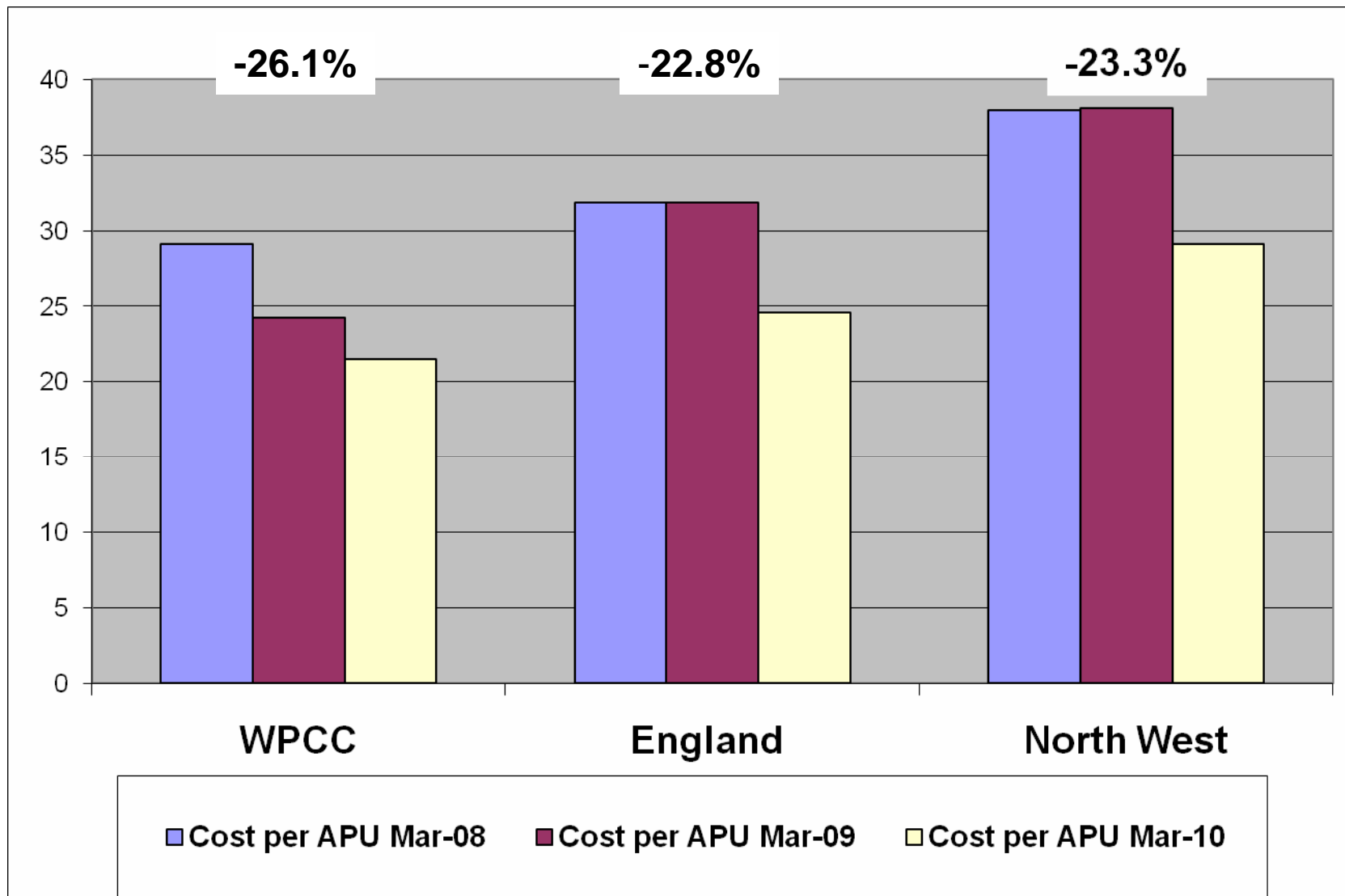
SOUTH LAKES TOTAL PBR OUTPATIENT FIRST ATTENDANCES



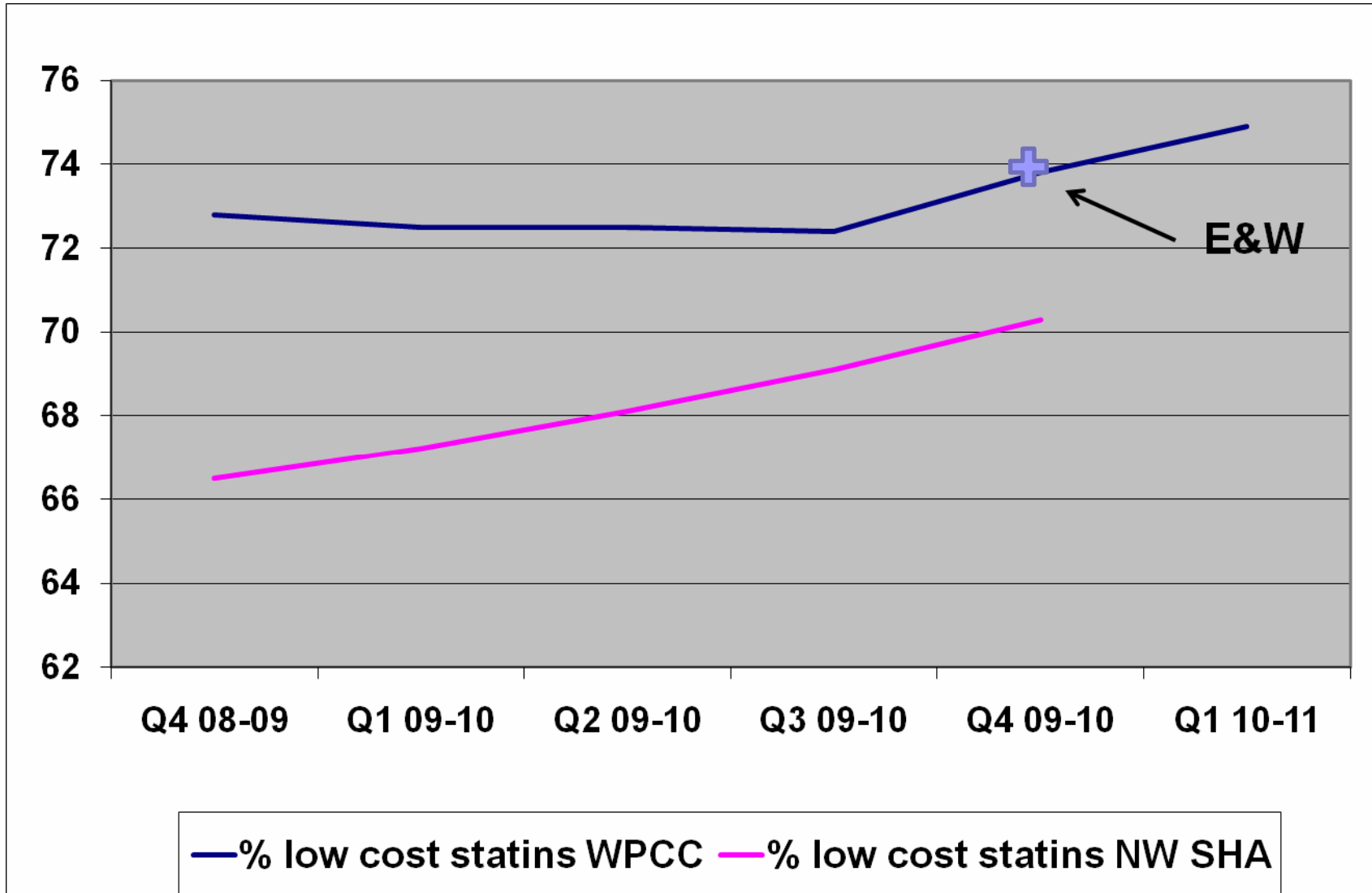
SOUTH LAKES TOTAL PBR OUTPATIENT FOLLOW UP ATTENDANCES



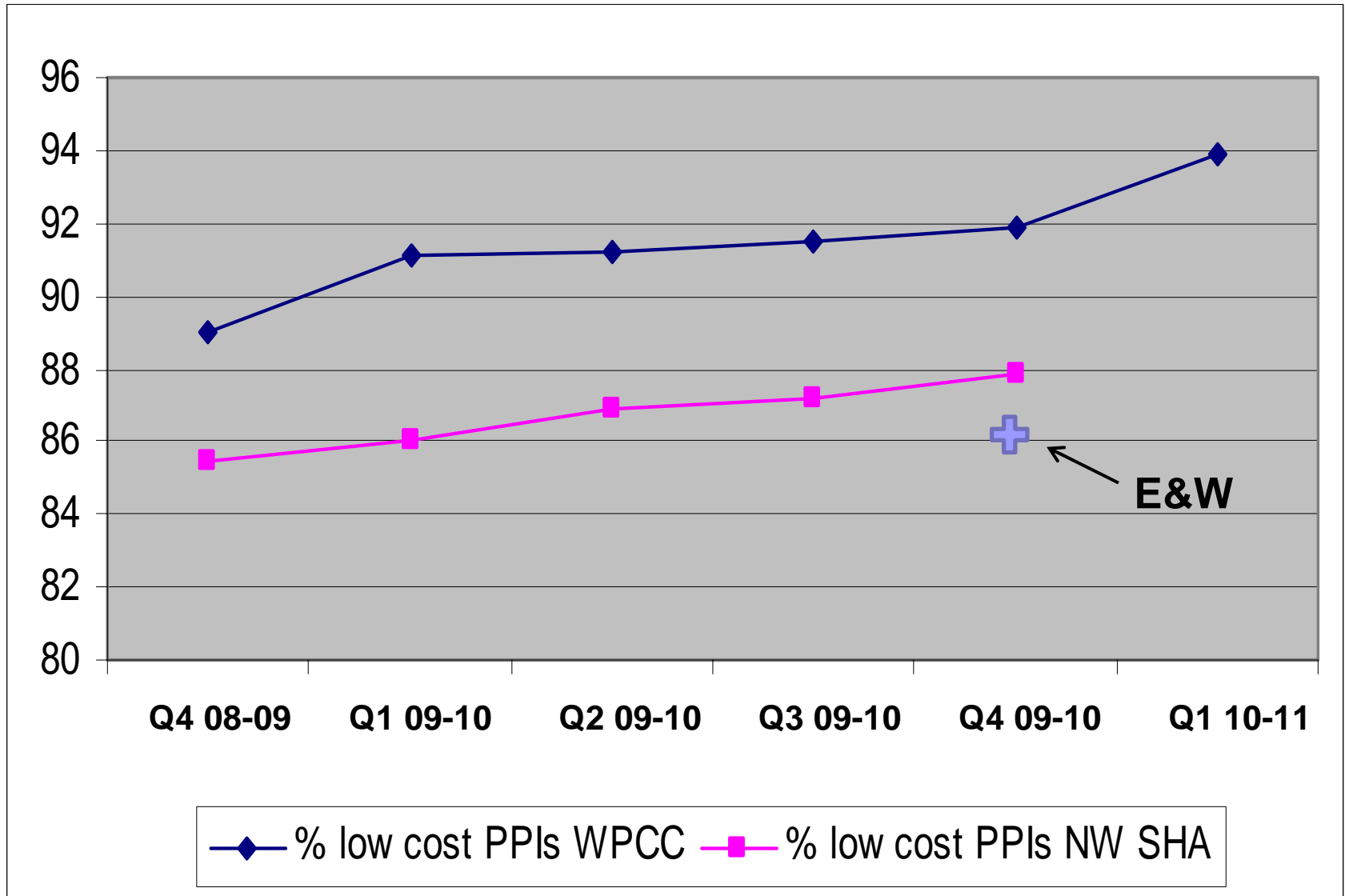
Prescribing Costs per Prescribing Unit 2008-2010



Trend in % prescribing of low cost statins



Trend in % prescribing of low cost PPIs



Reflections

- Last 3 years about getting a grip and bringing the system under control ... the next 10 about delivering great healthcare consistently
- Develop a clear vision and communicate it relentlessly
- Don't wait for everyone to get on board!
- Getting the incentives right within the system
 - Integration not competition at the level of the patient
 - Cost centres not profit centres
 - Incentives for clinicians and teams, not all about money

Clinical Leadership

- Identify and support the “best”
- Primary care and specialty clinicians in partnership to meet the needs of the community
- Not just about doctors!
(But ... clinical leaders not clinical managers)
- Clinical leaders who understand the system, data and financial flows and stay in touch with patients
- Need the support and partnership of high quality managers who believe in clinical leadership
- Take control and then let go!



Thank You

hugh.reeve@cumbriapct.nhs.uk