FACTSHEET

WHAT IS QIPP?

The QIPP agenda is undoubtedly one of the most significant NHS policies that all organisations who conduct business with the NHS will have to take onboard.

Quality
Innovation
Productivity
Prevention

The agenda will have to run through the every thought and every process that takes place throughout the NHS from Primary Care Trusts to Secondary Care to General Practice.

QIPP will affect every department and individual who works for the NHS – for example front line clinicians, PCT commissioners, estate managers, laundry services, ward staff, ambulance trusts, etc.

Why?
The year 2010/11 is the last year in which the £102 billion that is spent on the NHS is set to get an increase in funding of around 5.5%. For the foreseeable future the growth will be limited to inflation. The NHS needs to identify £15-£20 billion of efficiency savings by the end of 2013/14 that can be reinvested within the service so that it can continue to deliver year on year quality improvements.

HOW WILL QIPP AFFECT PHARMA?

In order to do business with the NHS in future, organisations will need to focus on how the products/services that they offer fit in with the local QIPP agenda. Clearly organisations will have to attain immediate overviews as to how the QIPP agenda is going to be adopted at local levels, as it is anticipated that new, complex information resources will be required to deliver tailored solutions for each NHS customer.

PCTs will be looking to move services into primary care to reduce cost and improve **Q**uality and **P**roductivity. Pharmaceutical companies are already working on how to utilise their existing knowledge of World Class

Commissioning to drive their targeting and market access strategies – so the platform may already be there, but the message will need refining for the QIPP.

Specifically, some of the areas which the pharmaceutical industry might be concentrating on refining their messages and strategies could include:

- to reduce preventable hospital admissions resulting from sub-optimal medicines use in chronic medical conditions (e.g. COPD)
- to identify patients who are currently undiagnosed or misdiagnosed as having a treatable chronic medical condition (e.g. COPD, diabetes, cardiovascular disease)
- to improve medical adherence and thereby improve health outcomes and reduce waste by reducing levels of non-adherence to medicines (e.g. community pharmacy monitoring schemes, GP staff training)
- to improve adherence to NICE guidance (e.g. hypertension, DVT prevention)

RECOMMENDED EXAMPLES

There have already been some significant improvements made to **Q**uality and **P**roductivity and Department of Health has provided some recommended examples.

- Atrial fibrillation - detection and optimal therapy in primary care.

Opportunistic screening by pulse palpation of patients over 65 has been used in 18 regions to improve detection of atrial fibrillation. Quality is improved by the optimal treatment of patients with atrial fibrillation reducing risk of stroke. Productivity is increased by the reduction in costs associated with stroke and its complications.

- Fractured neck of femur: rapid improvement programme.

Ten pilot trusts have succesfully implemented service re-design for the Fractured Neck Femur patient pathway. This improved quality by: improving multi discplinary and cross agency teamworking, reducing mortality, and time to theatre, and earlier mobilisation. Productivity was improved by reduced length of stay, readmissions, and delays to the theatre.

- Stroke pathway: delivering through improvement.

The NHS Institute supported Chief Executives and senior leadership to champion change and improvement across NHS organisations in all areas of the stroke pathway. Quality was improved by reducing mortality, time in A&E, and delay in CT scanning. Productivity was increased through reduction in length of stay and readmission.

- The productive ward.

The NHS Institute has supported ward leaders and nursing teams with innovative methods to improve the ward environment and process. Over 60% of NHS Acute Trusts are implementing the Productive Ward programme. Key improvements from the programme include improved quality through increasing direct patient care time and staff satisfaction and improved

productivity through reduced staff absence and reduced length of hospital stay.

- Electronic blood transfusion systems.

Oxford Radcliffe Hospitals have successfully implemented an electronic blood transfusion system. This has improved quality by reducing transfusion errors and the time taken to deliver blood. Productivity has improved by reduced blood usage, wastage, and staff time.

- Enhanced recovery for elective surgery.

Enhanced recovery programmes use evidence based interventions to improve pre-, intra-, and postoperative care. They have enabled early recovery, discharge from hospital, and more rapid return to normal activities. Quality is increased by reducing complications and enabling a more rapid return to function. Productivity is improved by reducing hospital stay.

To improve the uptake of QIPP by clinicians the Department of Health has published a guide entitled: The NHS Quality, Innovation, Productivity and Prevention Challenge: an introduction for clinicians
www.somaxa.com/docs/file/QIPP_2010.pdf

Further information on QIPP can be found at:
www.link-gov.org/content/view/463/188/
*www.library.nhs.uk/**qipp**/*