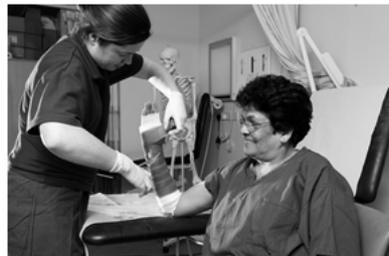


Review into the Operational Productivity of Mental Health and Community Services

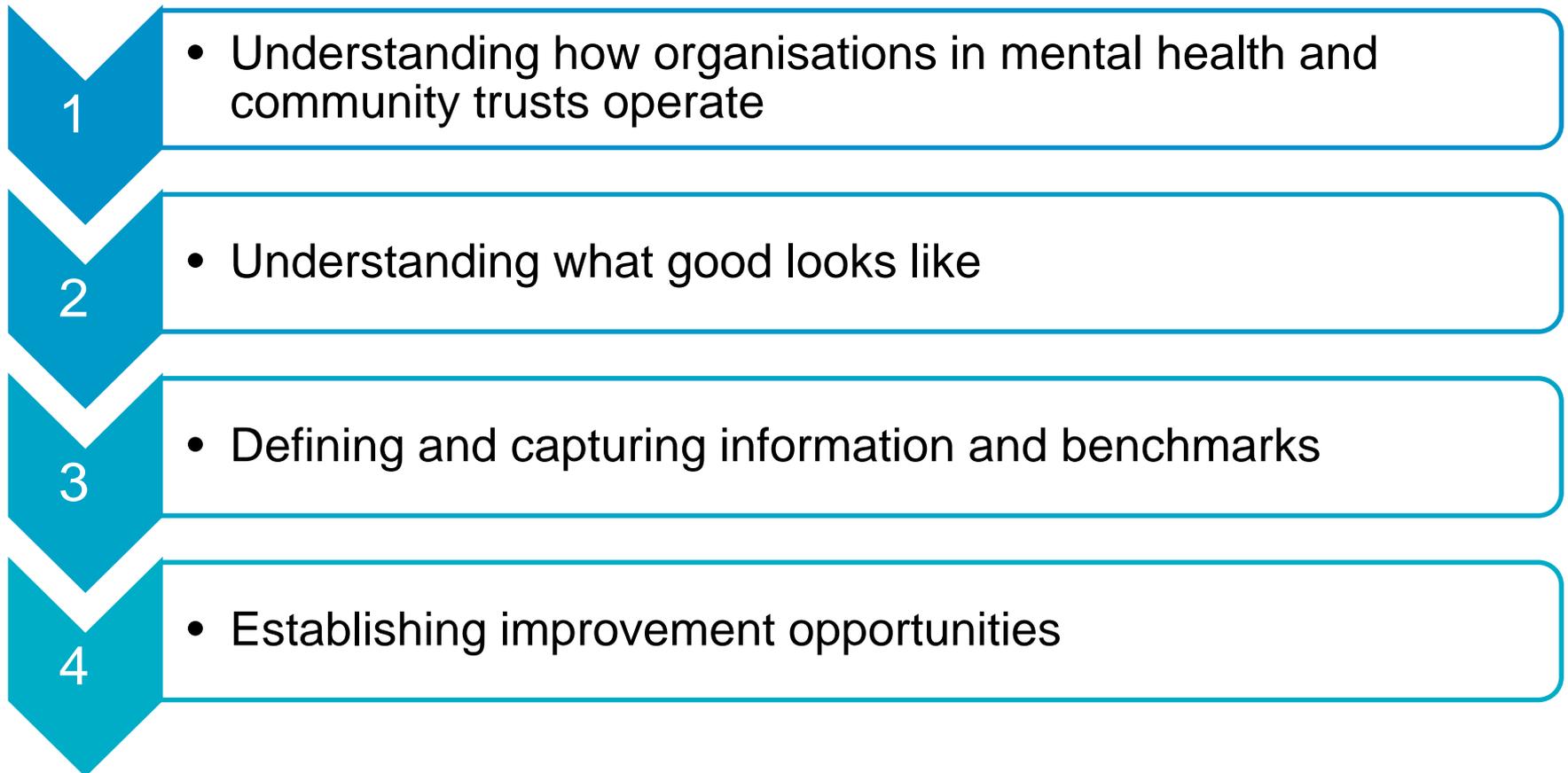
Emerging findings and next steps

Sector Development
October 2017



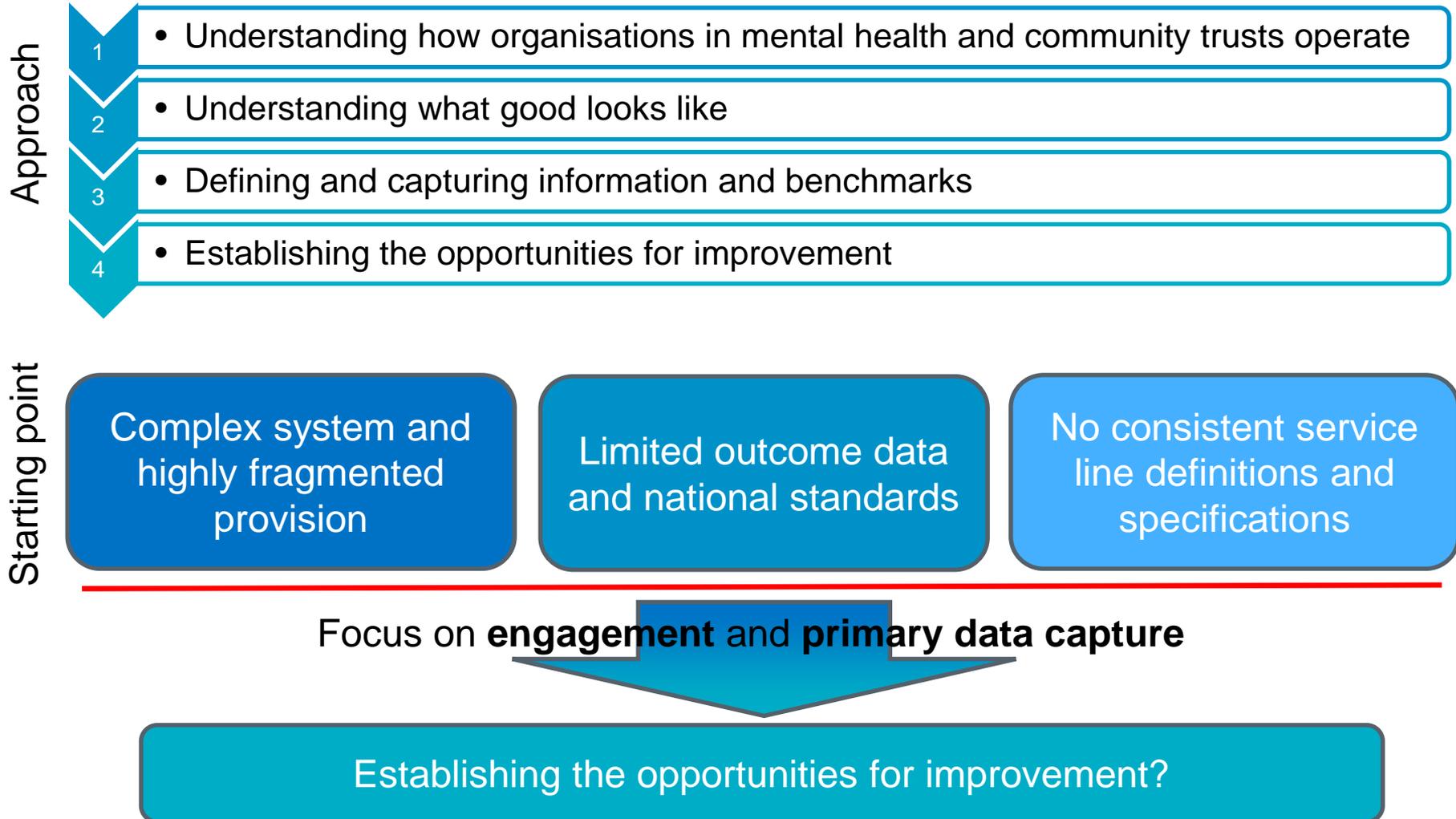
Approach

We will do this by:



Initial phase has been to work with a cohort of 23 trusts

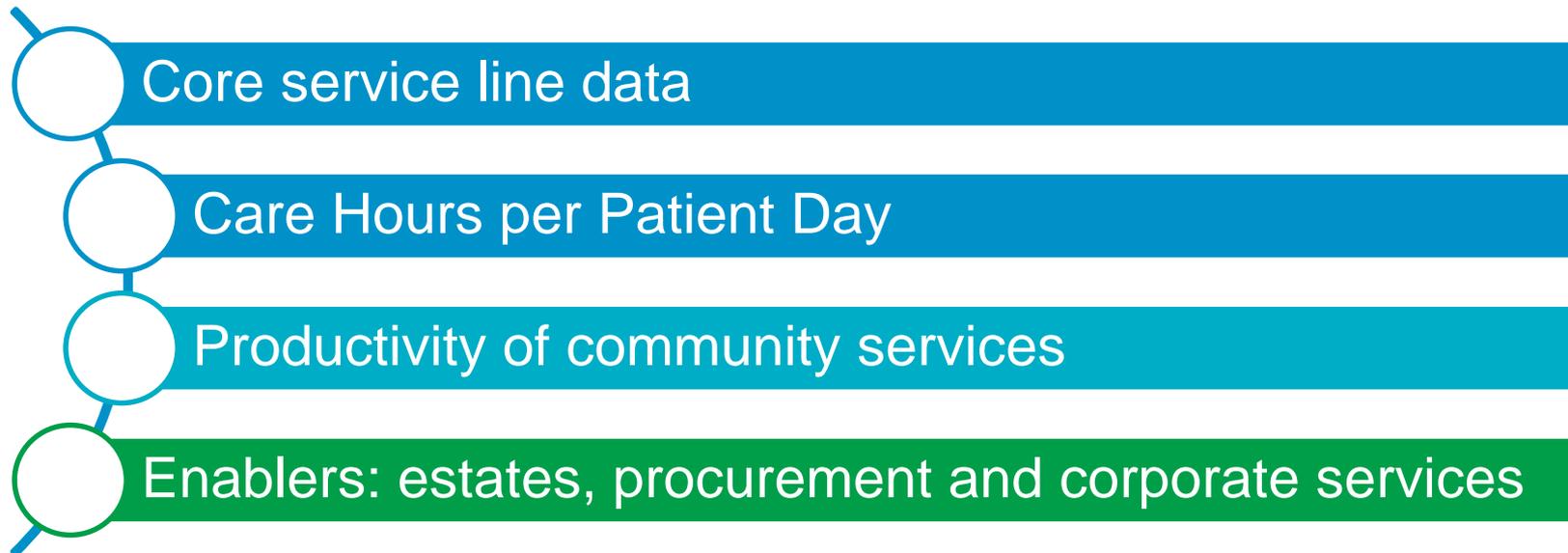
Linking our starting point and approach



Emerging Findings

Key areas of focus

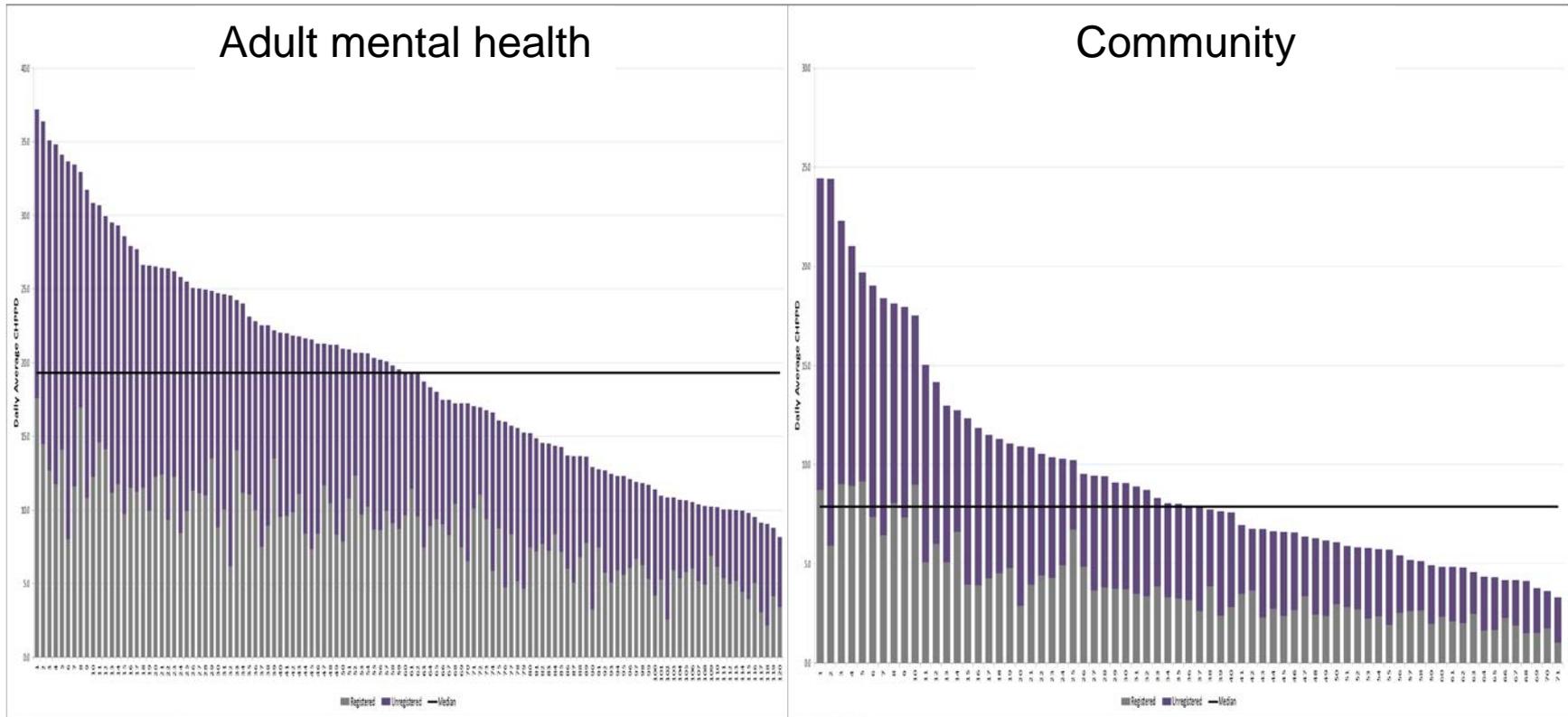
Focus of our initial data capture and analysis has been on four core areas



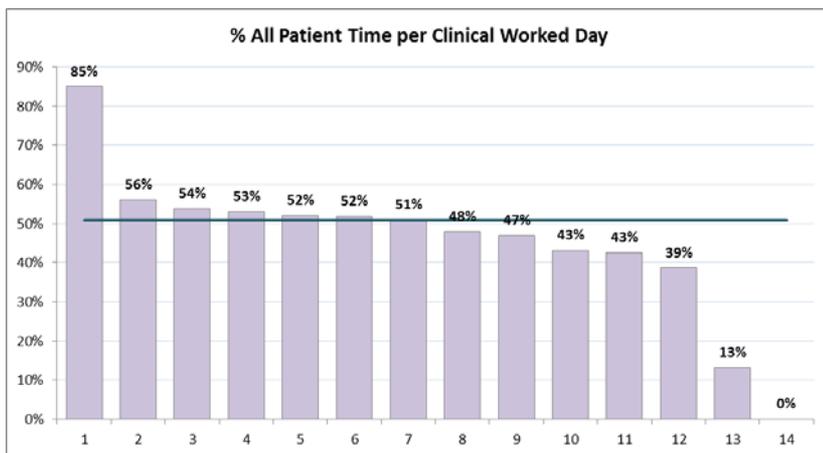
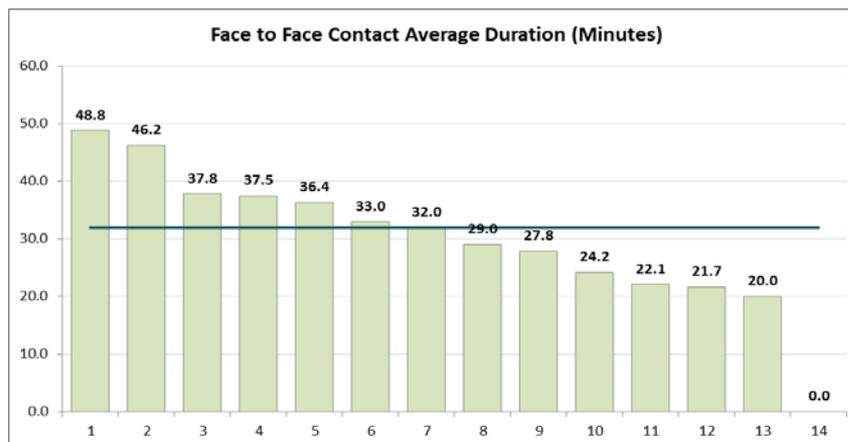
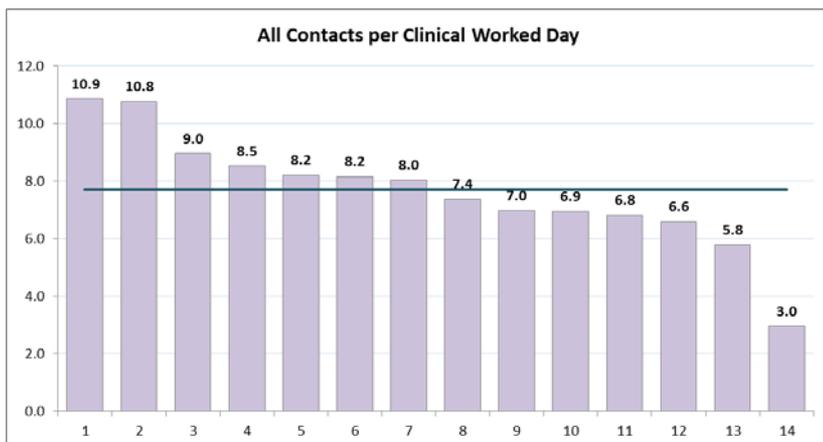
We have identified variation and we think there is significant **unwarranted variation** and scope for making savings in key areas

Care Hours Per Patient Day

- Data collected for over **550 wards** – including 80 community physical health
- Large ranges in CHPPD and rostering of registered and healthcare support staff to provide this care

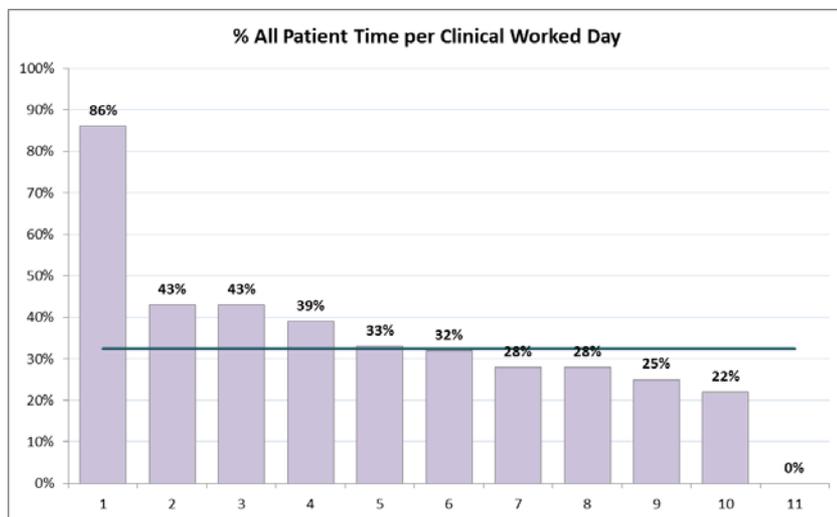
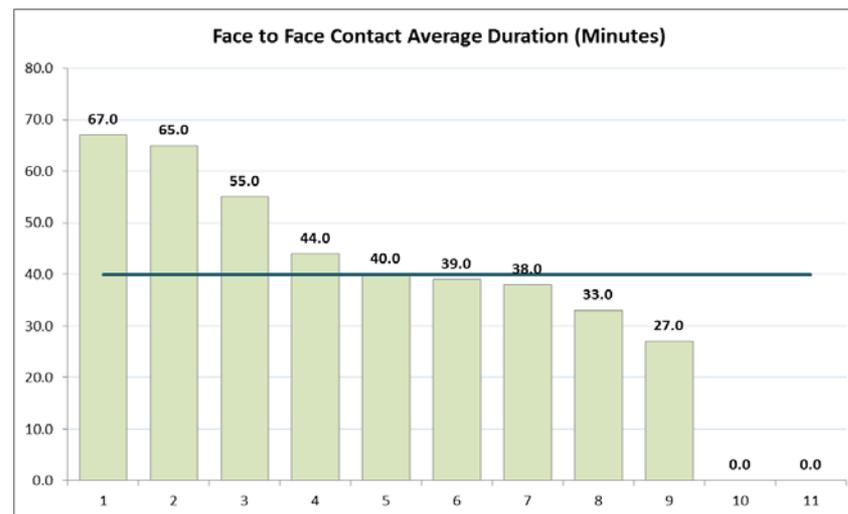
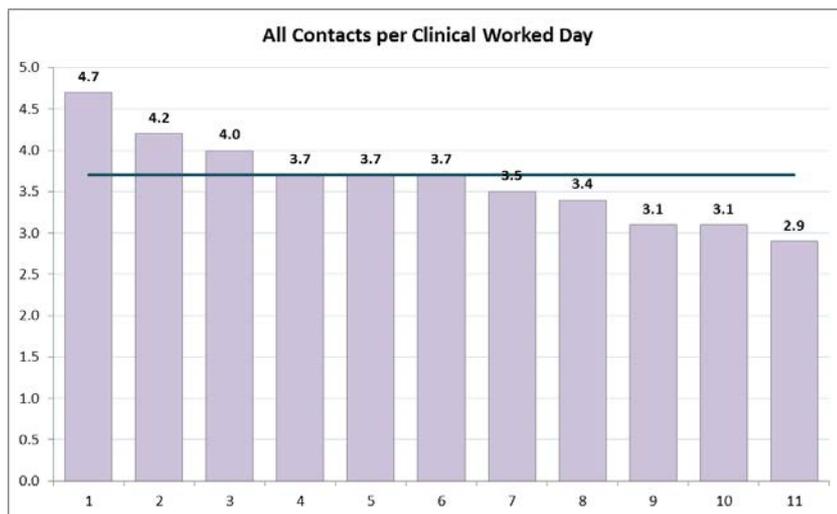


Community Productivity – Community Nursing (indicative)



- An average 51% of a clinical worked day is spent conducting patient facing appointments (either face to face or telephone). **This suggests that around 49% of time is spent on administration, travel, or other activities.**
- The average number of contacts per clinical worked day is 7.7
- For the Cohort, the average length of a face to face contact for Community Nursing is 32 minutes.

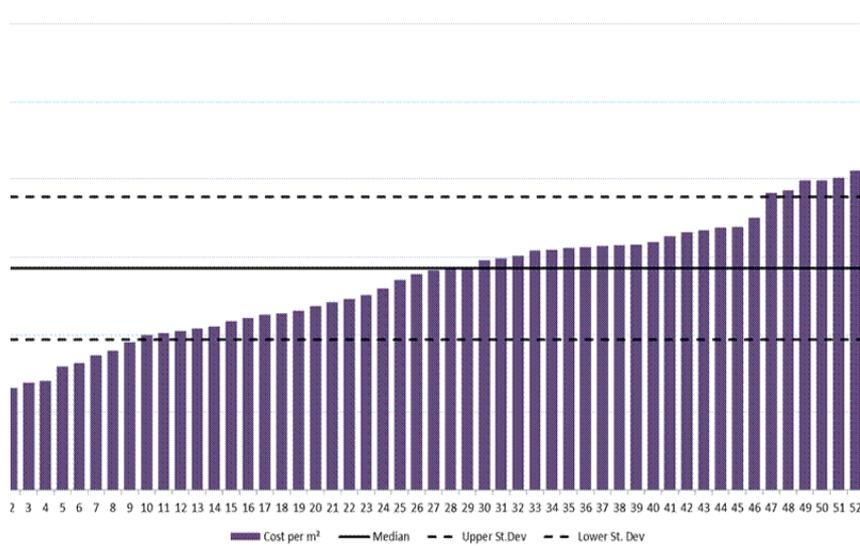
Community productivity in adult mental health teams (indicative)



- An average 33% of a clinical worked day is spent conducting patient facing appointments (either face to face or telephone). This suggests **67% of time is spent on administration, travel, or other activities.**
- For **older adults** on average 31% of a clinical worked day is spent conducting patient facing appointments with only 2.9 contacts are conducted per day.
- For **CAHMS** the on average 36% of the clinical worked day is spent conducting patient facing activities and only 2.5 contacts are conducted per day

Estates

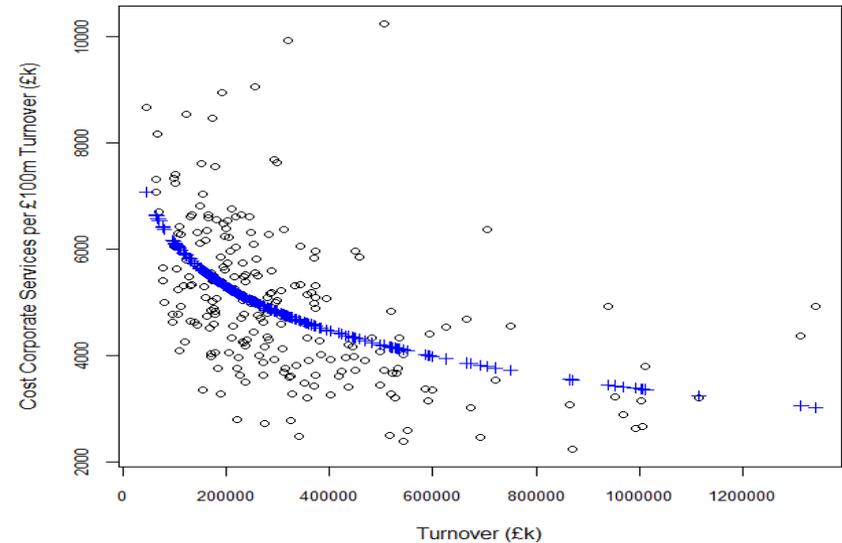
Estates cost per m² of internal floor area
Mental Health Trusts



- Variations in **costs per m² floor space**, for soft and hard FM, and utilisation of floor space by FTE per 100m²
- Majority of trusts in the cohort identified estates as an area they could make **savings as part of a wider transformation project**

Corporate Services

Spend on Corporate Services in relation to
Trust size for all trusts in England



- **Sectors benchmark higher** on corporate services using 2015/16 data
- Data suggests opportunity of **~£181m saving**
- Scope to consider benefits of **consolidation** at scale and across organisations
- **2016/17 data** to be collected in October

Procurement – PPiB!

Next Steps

Supporting the strategic direction of the NHS *Improvement*



Building the approach

CHPPD	<ul style="list-style-type: none">• National data collection• Cost per care hour
Community Productivity	<ul style="list-style-type: none">• Validation and engagement• Develop strategy for extension
Procurement	<ul style="list-style-type: none">• PPIB collaborative• Develop understand of sector
Estates	<ul style="list-style-type: none">• Review ERIC data set• Develop weighted comparator
Corporate Services	<ul style="list-style-type: none">• Renew costs based on new metrics• Explore impact of 'difference'
Medicines and Pharmacy	<ul style="list-style-type: none">• Analysing define data and developing metrics• Explore clinical model, skills mix and dispensing model

Model Mental Health Trusts and Community Services

Priority 2

Priority 1

NHS
Example Partnership Trust (RTA)

HOME MY PEERS GUIDANCE ABOUT ACCOUNT

Home

BOARD-LEVEL OVERSIGHT

Single Oversight Framework segment 2 - Targeted support offer

Quality of Care Finance & Use of Resources Operational Performance Strategic Change Leadership & Improvement Carter Headline Metrics

CLINICAL SERVICE LINES

Adults CMHT Older Adults CMHT Crisis

Psychosis Psychiatric Liaison Eating Disorders

iapt IAPT CAMHS (Tier 1-3) Forensic

Community Nursing Therapies & Rehabilitation Palliative Care

Inpatient Adults Inpatient Forensic Inpatient CAMHS (Tier 4)

OPERATIONAL

Pharmacy & Medicines Diagnostics Estates & Facilities

Visitor Cost Recovery Procurement Corporate Services

Commercial Income Triage

PEOPLE

Doctors Nursing & Midwifery Allied Health Professionals

Pharmacists Other Clinical Staff Non-Clinical Staff

CHPPD Agency

PATIENT EXPERIENCE

Patient Experience Patient Booking & Scheduling

Expand

Extend

Get your log in: <https://model.nhs.uk>

Outcomes and pathways

Getting it Right First Time

- A series of more than **30 medical work streams**, each led by a prominent clinician chosen from the specialty they are reviewing.
- Each clinician heads a project to compile a data and insight driven report into their specialty
- Working to understand **how to extend it to community service** provision where relevant e.g. diabetes
- NHSI and GIRFT are developing the approach to the mental health pathway, working with Tim Kendall. Anticipate it is focused on **reducing out of area placements**

Wound care

- **Very significant area of spend** and rising – estimates suggest around £2.2bn in 2014 and rising to £2.4bn by 2019. Recognised that there is scope to prevent if the right clinical care is delivered
- Little consistent information is gathered – working with leads in NHI and NHSE to **develop and test a data collection process** as a potential precursor to application of the GIRFT methodology

Enabling productivity

Commissioning Model

- Broad **range and scope of commissioning specifications** encountered, with many KPIs
- **Working with NHS England and RightCare** to scope the potential to develop a common menu of services, particular for community physical health, and smarter 'model' commissioning specifications across commissioners.

Demand and Capacity

- Majority of cohort trusts had limited capability or capacity to forecast demand forecasting in the medium term.
- Review working group to **assess principles and processes to support effective demand and capacity planning** and barriers to these.

Transforming the experience of working at the front line

- Investment in mobile IT largely positive, and **good examples of use of current Patient Administration Systems.**
- Broad agreement however that Patient Administration Systems were designed as a recording system, not a management system and nearly **all trusts identified that there was scope to drive more benefit from technology through changes in business process and culture.**

Questions