

Scottish Directors of Public Health

Efficiency, quality and disinvestment in health care services: an update on Public Health action

In June 2011 the Scottish Directors of Public Health Group (SDPHG) presented a paper (NPF (11) 34) to the National Planning Forum outlining the contributions which were being made by Public Health Directorates across Scotland to improve health service efficiency and quality. The paper also explored the ways in which public health staff could contribute to the necessary financial redesign of services and support disinvestment. The paper and associated annex, a supporting literature review, are embedded in this document in Appendix 1.

This paper provides an update on work across Scotland and sets out further actions which the SDPHG and the Scottish Public Health Network (ScotPHN) are undertaking to develop further the support available from Public Health colleagues.

Existing Public Health support across Scotland

A key area of activity across Health Boards has been work on the NHS Croydon list of low effectiveness / benefit surgical techniques. Following initial work within NHS Greater Glasgow and Clyde, similar exercises have been undertaken in NHS Highland and NHS Ayrshire and Arran, though the potential for cash-releasing savings has been found to be limited. Work in NHS Lothian has focussed on whether it is possible to establish differing thresholds and eligibility for surgical interventions in orthopaedics.

Costing for preventative services and developing “invest to save” approaches in relation to health improvement and health inequality reduction are in active development, notably with the ScotPHN collaboration with NHS Health Scotland. This has contributed to the work of the Improving Population Health Action Group, particularly in relation to health and social care integration.

In addition, the SDPHG and ScotPHN have been supporting a number of collaborative initiatives which will develop longer term support for this area of work for NHS Boards. These include:

- building health economic capacity in public health and health improvement;
- supporting work undertaken by ISD on financial impact assessment tool(s);
- work on identifying new candidates for ‘disinvestment’ or ‘cost-effectiveness’ initiatives within health services;
- identifying possible approaches to efficiency savings in the area of high-cost mental health patients (with the Forensic Network); and
- developing affordability analyses as a core element in ScotPHN work.

This paper provides a brief update for the National Planning Forum on this work and sets out future actions which will be carried forward in 2013/14.

Public Health support for efficiency, quality and disinvestment working

Building on this the SDPHG, working with and through ScotPHN, has developed a specific programme of work to develop these further.

1. Supporting early action for financial benefit

Specific areas of work in this area includes:

- Working with the Scottish Health Technologies Group to develop methods that improve the usefulness of the NHS Croydon and recently published Australian lists on financial efficiency other than cash-releasing approaches. A move to identify a target list of “post-Croydon” interventions/techniques is being developed in 2013/14 to feed into the SHTG assessment process.

Contact (ScotPHN): Phil Mackie, Lead Consultant.

Output: Updated “post-Croydon” list, linked to local implementation guidance.

Timescale: Expected Q3 2013/14.

- Developing generic approaches that are alternatives to “cash-release” as a means of achieving cost reductions / cost-pressure reductions in health and health care services. For example, work in NHS Lothian to establish the potential for changes in surgical intervention thresholds in orthopaedic and cataract surgery and improve surgical service efficiencies.

Contact (NHS Lothian): Alison McCallum, DPH.

Output: Project documentation.

Timescale: Rapid literature reviews and interim documentation completed.

Final report (projected) Q1 2013/14

(See: http://www.scotphn.net/projects/current_projects/efficiency_and_productivity)

- As part of its ‘New Ways of Working’ initiative, the SDPHG has established shared capacity for Service Improvement Public Health, Working through the Scottish Public Health Network, this group works to share skills and expertise in service improvement across Scotland and can provide public health consultant support to a range of areas.

These include:

- health care needs assessment;
- interpreting and analysing service activity data for efficiencies and productivity initiatives;
- collating and assessing evidence of service effectiveness and improvement;
- undertaking impact assessments – whether of health or equality and diversity;
- assessing health technologies and consequences of their implementation;
- promoting health inequality reduction through service delivery;
- clinical and organizational audit; and
- service performance assessment monitoring.

It is through this group that ScotPHN can now enhance its support for the public health advice it provides for the national arrangements such as SHTG, the Quality and Efficiency Support Team and the national specialist service commissioning arrangements.

Contact (ScotPHN): Phil Mackie, Lead Consultant.

Output: Specialist advice service and skills brokering.

Timescale: Currently available on request.

2. Developing the “invest to save” approach

All of the skills and expertise noted above may also be directed towards identifying “invest to save” interventions that improve efficiency through preventative services in population health action; examples from NHS Boards can be found on the ScotPHN website. These include micro-simulation modelling to assess affordability and expected cost-benefit; for example, ScotPHN’s assessment of cost effectiveness and model of indicative costs of health improvement outcomes for prisoners in Scotland.

(See: http://www.scotphn.net/pdf/2012_08_24_Final_version_Part_3_Exec_Summary.pdf)

In addition to continuing approaches to supporting health improvement and health inequality reduction through lifestyle behaviour change, the SDPHG continues to support the developing work in scaling up existing initiatives as population preventative interventions through the work of the Improving Population Health Action Group. More widely, the SDPHG are preparing to support the roll out of recommendations from the Ministerial Task Force on Health Inequalities.

Contact (NHS Health Scotland): Neil Craig, Principal Public Health Advisor.

Outputs: Technical reports on the feasibility for Population Intervention reports.

Timescales: Expected from Q2 2013/14 onwards.

3. Supporting Improvement Methods and Delivery

Applying improvement methods to achieve improved quality and effectiveness requires local action to achieve the necessary change. Indeed this is applicable across all of the areas described above and local Public Health Directorates have trained staff that are able to support local engagement and delivery.

However, there are a number of specific initiatives where work is either developed or underway which has created methods for service improvement that can be applied in a range of settings. These include:

- The North of Scotland Public Health Network has created an approach to logic modelling for service redesign. This approach has been validated in practice and can be used to help ensure service reconfiguration achieves desired outcomes in line with the NHS Quality Strategy. More generally, approaches to supporting service redesign, through micro-simulation and system modelling have also been tested and support on their use is available;

Contact (NHS Highland): Pip Farman, Co-ordinator, NoSPHN.

Outputs: Logic modelling tools

(available at: http://www.nosphn.scot.nhs.uk/?page_id=879)

Timescale: Completed.

- The Service Improvement Public Health Group also takes an interest in approaches to service prioritisation, whether through formal modelling approaches or by more qualitative approaches. Whilst prioritisation has often been used in determining service initiation, its application in service disinvestment is also appropriate;

Contact (ScotPHN): Phil Mackie, Lead Consultant.

Output: Specialist advice service and skills brokering.

Timescale: Currently available on request.

- Methods for modelling service sustainability – both in terms of service reconfiguration and resource use – have been under development in association with the Scottish (Managed) Sustainable Health Network (SMaSH). Whilst early work in NHS Fife and NHS Lothian has been promising, work to ensure test of concept of the sustainability model in Scotland and to develop a social care sustainability model is being carried forward in 2013/14 (subject to agreement with the Exeter University and the Information and Statistics Division of NHS National Services Scotland);

Contact (SMaSH/ScotPHN): Jackie Hyland/Phil Mackie, Lead Consultants.

Output: Validated sustainability modelling tools.

Timescale: Q3/4 2013/14.

(NB Existing pilot work in NHS Fife completed. See:

http://www.scotphn.net/projects/current_projects/sustainable_health_network)_

- Further support for productivity and efficiencies initiatives to be carried forward in 2013/14 includes the establishment of the Health Economic Network in Scotland by ScotPHN / NHS Health Scotland on behalf of the Quality and Efficiency Support Team. This network, which will bring together academic, NHS Board and Healthcare Improvement health economics capacity in Scotland, aims to provide support to NHS Boards through supporting transfer of improvement methods in health economics for local application to achieve resource substitution and resource release.

Contact (ScotPHN): Phil Mackie, Lead Consultant.

Output: Establishment of network.

(<http://www.qihub.scot.nhs.uk/quality-and-efficiency/efficiency-and-productivity/health-economics-network.aspx>)

Timescale: Q2 2013/14.

Conclusions

Public health professionals and functions in Scotland have the knowledge, skills and competencies to make a significant contribution in taking forward work on NHS productivity and efficiency and more broadly with the work of the National Planning Forum.

This paper summarises the contribution that Public health is currently making to the NHS productivity and efficiency agenda. All the Directors in Public health in Scotland are keen that local discussion now takes place on how best to make use of both the practical skills and knowledge on the delivery of efficiency and productivity which is available within Public Health Directorates at local, regional and national level.

Recommendations

The National Planning Forum is asked to note the:

- current availability of support from public health colleagues in the area of improving productivity and efficiency; and
- further development of this work to enhance the public health support for health service efficiency, quality and disinvestment.

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On behalf of the Scottish Directors of Public Health Group

Phil Mackie Lead Consultant, Scottish Public Health Network

5th April 2013

Appendix 1



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health disinvestment.



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Disinvestment paper L