Royal College of Nursing

Quality Innovation Productivity and Prevention (QIPP) in England

Policy Briefing

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Introduction and context

Health care systems across the globe aim to deliver high quality care for their populations. Delivering that care efficiently or with the greatest productivity (delivering as much as possible given available resources) can be seen as one of the ethical principles for those who shape and give health care. Principle 2 from the Tavistock group states: "*The care of individuals is at the centre of healthcare delivery but must be viewed and practised within the overall context of continuing work to generate the greatest possible health gains for groups and populations*"[1]

With less money available to government as the global financial crisis bites, more people becoming unemployed, paying less tax, and increased welfare payments, alongside increasing health care need, being efficient is a renewed focus. In England, this is probably best captured under the Quality Innovation Productivity and Prevention (QIPP) agenda. This agenda is not really new, since few who are involved in front line care would wish to see wanton waste. But with lower nominal rates of growth in NHS funding (which may turn into less real money as inflation rises above the nominal funding increase) it is an imperative if care is not to be compromised (arguably, compromised further than it has been already). In essence it's a renewed focus under the 'Nicholson Challenge' to deliver efficiency savings of around £20 billion over 5 years.

However measuring efficiency and productivity is complex. The NHS may have increased productivity in the last decade according to recent analysis that has included a wider range of NHS activity than looked at before.[2] However, measuring productivity has been controversial with other research suggesting an overall decline in productivity from 1995 to 2008.[3]

This briefing sets out what we know about QIPP, the theory behind it, and practice. An appendix provides some suggestions for further reading.

What's happening in theory?

QIPP is described by the Department of Health as a *"large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care"*[4]

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[1] Tavistock Group, Shared ethical principles for everybody in health care: a working draft from the Tavistock Group BMJ 1999;318:248 http://www.bmj.com/content/318/7178/248.full [Accessed February 17 2012]

[2] The Lancet, Editorial, Decreasing NHS productivity: urban myth 18th February 2012 http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673612602499.pdf

[3] http://www.kingsfund.org.uk/topics/productivity_and_efficiency/index.html [Accessed 29 February 2012]

[4] Department of Health, Quality Innovation Innovation Productivity and Prevention http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm [Accessed February 17 2012]

In theory, QIPP is about how the NHS can:

- improve quality
- become more innovative
- deliver on prevention activities, which could prevent more costly poor health in the future, for the benefit of patients, their carers, and the NHS
- become more productive, essentially being able to meet demand for health care (which tends to rise over time driven due to a variety of factors such as technology, ageing, expectations) using limited resources

QIPP is generally expressed as a challenge to the NHS to achieve 'savings' of £20 billion by 2015. Others have put it another way, of achieving a 4% improvement in productivity every year for 4 successive years. Perhaps more appropriately it's about meeting rising health care needs from the same resources, such as more operations **without** adding more operating theatres, surgeons, anaesthetists and nursing staff. The financial 'value' of this increased activity needs to be equal to the £20 billion, but there will be no pot of cash that will arise at the end that is equal to this amount. Rather, if successful, QIPP will mean the NHS budget only rising marginally (in nominal terms) but **without** increased waiting times and worsening health status of English people both through treatment and prevention.

The programme is national, but has been developed and implemented locally. The national work programmes are varied covering:

- commissioning and pathways
- provider efficiency
- system enablers

More detail is set out in the table below:

National work programme	**Issue**[5]	**Scope for 'savings'**[6]	**Source**
Commissioning and pathways			
Safe care	Approx 10% patients harmed in hospitals	Cost difficult to estimate but could be £1bn	www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115447
Right care	Reallocate away from lower value activity to higher value activity (underpinned by observed variations in care)		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115449
Long term	Those with long	Aim to reduce	www.dh.gov.uk/en

[5] As identified by DH on main pages (if specified).
[6] As identified by DH on main web pages (if specified). Degree of savings in practice will depend on local implementation and success

conditions	term conditions account for 70% of expenditure of NHS	unscheduled hospital admissions by 20%, reduce length of stay by 25% and maximise the number of people controlling their own health through the use of supported care planning	/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115448
Urgent and emergency care	Not all patients receive care in appropriate setting	Aim for 10% reduction in the number of patients attending accident and emergency with associated reductions in ambulance journeys and admissions	www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115468
End of life care	Need to improve End of life care		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115469
Provider efficiency			
Back office efficiency	Need to improve back office processes		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115470
Procurement	Variation in prices paid for goods and services		www.dh.gov.uk/health/category/qipp-procurement/
Clinical support	Variation in productivity of pathology	Up to £500 million per year	www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115473
Productive care	Variation in productivity across the NHS		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams

			/DH_115450
Medicine use and procurement	Variation in use and costs across the NHS		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115467
System enablers			
Primary care	Covers Primary Care Contracts, QIPP plans in primary care, and Productive General Practice programme.		www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPPworkstreams/DH_115466

What's happening in practice?

It's very difficult to get a comprehensive or clear picture of what is really happening in practice. There are case studies available on the DH and NHS Innovation and Improvement websites which provide some examples of what QIPP means in practice for some providers. These tend to focus on savings, for example:

- a revised blood transfusion system has led to an estimated saving of £940,000 in one year[7]
- antibiotic stewardship led to an estimated reduction of 48% in the use of intravenous antimicrobials and a net saving of 42% in antimicrobial acquisition costs in the medical directorate[8]
- enhanced recovery has the potential to save 200,000 bed days[9]

The Productive Ward programme can also been seen as part of QIPP, focusing on releasing time to care.[10] The programme has achieved a number of benefits including:[11]

• better staff satisfaction
• better patient experience

[7] Case study: Engineering simpler, safer and more efficient blood transfusion systems, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118203.pdf [Accessed February 17 2012]

[8] Case study, Antibiotic stewardship, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118207.pdf [Accessed February 17 2012]

[9] Case study, Enhanced recovery programme, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118204.pdf [Accessed February 17 2012]

[10] Institute for Innovation and Improvement, Productive Ward: Releasing Time to Care http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

[11] Institute for Innovation and Improvement, Rapid Impact Assessment of The Productive Ward: Releasing time to care™ January 2011 http://www.institute.nhs.uk/images//documents/Quality_and_value/productiveseries/Rapid%20Impact%20Assessment%20full%20report%20FINAL.pdf [Accessed April 11 2012]

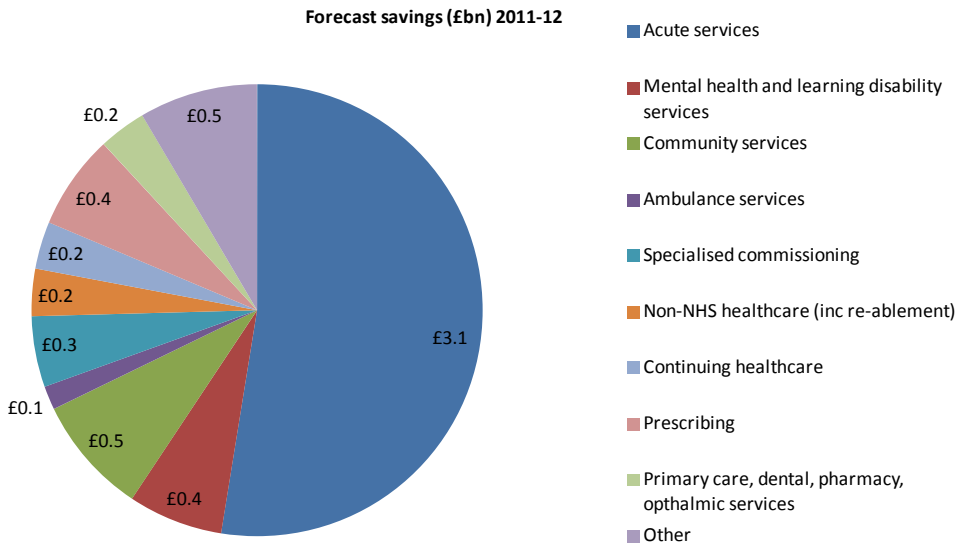
• reduced harm events (such as MRSA, C-diff, pressure ulcers and falls)
• reduced (same-diagnosis) re-admissions.

The productivity, efficiency and financial benefits of the improvements are:
• reduced length of stay (and reduced excess bed day costs per patient)
• reduced staff sickness and absence
• stock reduction.

There are some indicators of how QIPP is being achieved at a national level from the Department of Health. They have stated that, as of December 2011:[12]

- "40 percent of QIPP savings will come from nationally-driven changes such as pay restraint, standardisation of back office functions and reductions in running costs.
- A similar proportion will come from local productivity improvements in the provider sector, driven by targeted pressure on the national tariff and other pricing mechanisms.
- The final set of savings….will be driven by local changes to the way services are delivered, for example by providing care closer to home for diabetes or chronic obstructive pulmonary disease (COPD), or by changing the pattern of acute services for major trauma or stroke."

Forecasted savings for 2011/12 will predominantly come from acute services (see figure below).



Source: Department of Health, The Quarter, Quarter 1 2011
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130324.pdf [Accessed February 17 2012]

[12] Department of Health, The Quarter, Quarter 1 2011 [Accessed April 11 2012]
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130324.pdf [Accessed February 17 2012]

The Department cites improvement in areas such as MRSA as part of the 'success' of QIPP, yet initiatives to reduce infections are part of a much bigger drive and other efforts (such as Care Quality Commission inspections on infection control and a code of practice).

The most recent statistics released by the Department on the 27th March 2012 suggest that PCTs are forecasting £5.8 billion for this financial year.[13] Commentators have noted the lack of detail to support this finding and whether these are efficiency savings versus cuts.[14]

The realities on the ground are likely to be varied according to local circumstances. In some cases, such as Bradfield, there is positive change that includes allowing staff to work flexibly and reduce sickness absence.[15] The RCN's Employment Relations Department is working with some trusts in a constructive and supportive way on some aspects of QIPP.

In some areas, savings are driven by closures of services.[16] This may not be a 'bad' change if there is sufficient care taken in looking at how needs can be met in another way, delivering on re-investment commitments, but it can be if there isn't sufficient care taken and a short term perspective of achieving financial savings is used. Crucially, new ways to monitor whether or not patient outcomes are being compromised need to be developed, so we can be sure that patients are not being adversely affected.

However, the RCN has monitored QIPP plans through the Frontline First campaign, and is concerned that short term savings are being made at the expense of the long term service transformation needed to meet the challenges of an ageing population. Preventative and community services are being cut in some areas rather than being invested in.

What next?

The need to make efficiency savings is unlikely to change any time soon. QIPP will therefore remain for some time.

RCN view

[13] Department of Health, The Quarter, Quarter 3 2011/12 http://www.dh.gov.uk/health/files/2012/03/Quarter3_27-March-2011-12.pdf [Accessed March 29 2012]

[14] NHS £20bn savings progress questioned, 29th March 2012, http://www.bbc.co.uk/news/health-17541803 [Accessed March 29 2012]

[15] http://www.institute.nhs.uk/images/documents/Barnsley%20case%20study%20FINAL.pdf

[16] For example NHS Oldham closed an overnight drop in centre between the hours of 11pm and 7am. See NHS Oldham,
2011-12 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION
MONTH 4 DELIVERY PROGRESS REPORT
http://www.oldham.nhs.uk/Boardpapers/September2011/AI%206%20-%202011-12_QIPP_Month_4_Progress_report__-_NHS_Oldham_Locality_Board_-_1st_Sept_2011%5B1%5D.pdf
[Accessed February 17 2012]

The RCN recognises that the NHS needs to change just as broader society and individuals' health needs and opportunities for prevention change over time. That change however needs to be carefully managed to avoid a 'slash and burn' approach.

Our Frontline First campaign has identified that a short term approach to achieving efficiency savings is being adopted. We worry about the damage that this will be doing to patients today, and in the future, but also know that this won't be able to deliver efficiency savings in the future. The RCN wants to work with organisations to make changes in partnership.

We are concerned that QIPP may not lead to re-investment.. Whether that is perception or reality is hard to unpick when the details of individual QIPP programmes are kept confidential. The **RCN calls for greater transparency in QIPP plans to enable all interested parties to explore what QIPP means in practice and to help hold the NHS to account.**

Tell us what you think

This briefing is to provide an overview of QIPP but we would love to hear from you so please do get in contact:

Call: 020 7647 3723 or email: policycontacts@rcn.org.uk

Policy and International Department, RCN
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Reading

RCN, Transforming Community Services and the Quality and Productivity Agenda April 2010 http://www.rcn.org.uk/__data/assets/pdf_file/0009/325908/TCS_quality_and_productivity_agenda_v2.pdf

RCN, Productivity and the Nursing Workforce, 2007
http://www.rcn.org.uk/__data/assets/pdf_file/0008/287720/09-2007_Productivity_and_the_Nursing_Workforce.pdf

Productive Ward case studies
http://www.institute.nhs.uk/quality_and_value/productive_ward/case_studies.htm