External placements: Improving quality and reducing costs
Experiences from NHS Wales

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NHS Wales - Background

- 3m+ population in Wales
- National Health Service Wales
  Gwasanaeth Iechyd Gwladol Cymru
- Responsibility for NHS Wales was passed to
  the Welsh Government under devolution
  arrangements in 1999
- Fundamental reorganisation in 2009
  creating 7 Local Health Boards (& 3 Trusts)
  (from 29 organisations)
- These organisations are both
  commissioners and providers
- 100,000+ staff
- £6+bn spend
The issue - NHS Wales and external placements in 2011

Insufficient quality & safety assurance

Increasing demand

Increasing costs

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Scale of challenge in MH & LD specialist care commissioning in NHS Wales 2011

- No Welsh standards
- Variable Prices for same services
- Fragmented procurement
- Conflicting demands from commissioners
- Ad hoc intelligence sharing
- No quality differentials
- Limited commercial approach
- Many additional costs
- Patients sometimes out of sight
- Insufficient assurance processes
- Mixed process for placements
- Few Outcome Measures
The Approach: Objectives

- An approved list of suitably qualified, financially viable providers to meet NHS Wales’ quality, service and cost criteria;

- The establishment of NHS Wales’ care standards, standard contract terms/conditions and a transparent pricing framework;

- An improvement in relationships and communication with the independent sector;

- Access to management information and the provision of clear and consistent patient level data to underpin a performance management framework;

- Consistent and sustainable high quality service provision and improved patient outcomes;

- Reduction in the cost of care whilst maintaining or improving quality
The Approach: Collaboration, Engagement & Communication

- Abertawe Bro Morgannwg LHB
- Aneurin Bevan LHB
- Betsi Cadwaladr LHB
- Cardiff & Vale University LHB
- Cwm Taf LHB
- Hywel Dda LHB
- Powys Teaching LHB
- Providers
- Welsh Government
- Royal College of Psychiatrists
- Learning Disability groups
- Cardiff University
- NHS Secure Units
- Health Inspectorate Wales
- Care Quality Commission
- MH Alliance
- Service user advocates
- Chief Executives
- MH/LD Clinical Directors
- Directors of Finance
- Directors of Planning
- Directors of Primary Care
- General managers
- CHC managers

*+ support from legal & commercial

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The Approach: Quality Improvement Through Procurement

Delivery of a National Framework for Mental Health & LD Independent Hospitals to:
- ensure better governance
- improve quality of care for patients
- reduce costs

Outcome

Drivers

- Care standards
  [Goal: Define care standards for the Hospitals to meet]
- Activity information
  [Goal: Clarify activity for potential providers to deliver]
- Resource Envelope
  [Goal: Identify resources affected and to be costed]
- Models of care
  [Goal: Define model(s) of care across patient care pathway(s)]
- Operational arrangements
  [Goal: Determine operating protocols and contractual terms & conditions]
- Review
  [Goal: detail ongoing performance improvement & management arrangements]
- Evaluation
  [Goal: Define tender evaluation methodology & ongoing benefits from Framework Agreement]

Key Activities

- Reviewed existing Framework standards
- Checked standards enable a transparent and consistent assessment of bidders’ services
- Checked existing National Minimum Standards guidance
- 16 Tender Lots
- Produced data collection exercise for cost & activity
- Produced Market Analysis
- Used Mental Health Secure Services database
- Produced data collection exercise for cost & activity
- Produced Market Analysis
- Produced Pricing strategy
- Understand mixed economy of service provision across NHS Wales and Independent Care Sector
- Enable seamless movement across medium, low, controlled and uncontrolled egress
- Include ABI/PD etc but only when needs cannot be met by generic providers
- Developed single national Patient placement process
- Single national contract
- Quality Assurance rating system developed
- Performance management through single national team
- Patient care indicators
- Regular intelligence capture from providers
- Hospital audit processes developed
- Tender evaluation methodology - providers to pass quality criteria then price considered
- Production of a “ranked” preferred provider list to be consistently used for patient placements
- Robust ongoing Service Evaluation

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The Approach: Accelerated Procurement Process

Procurement Process Circa 7 months

11th August 2011
8 lots advertised

19th July 2011
Engagement begins

22nd Sept 2011
17 shortlisted

23rd November 2011
Hospital audits

6th January 2012
Process concluded

Bidder 1 2 1 clarifications clinical versus cost (40+ headings)

2 Stage Final evaluation concluded

1 February 2012
Individual placement agreements issued

1st April 2012
Go Live

16 January 2012
Health Minister consents

The Approach: Accelerated Procurement Process

Supplier 1 2 1 Engagement
Voluntary OJEU notice
Pre Qualification Stage
Issue of Invitation to Tender

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The National Framework-Delivery

National Framework (Medium and Low Secure MH & LD Services) was developed to and delivered

- An approved list of suitably qualified, financially viable providers to meet NHS Wales’ quality, service and cost criteria;
- The establishment of NHS Wales’ care standards, standard contract terms/conditions and a transparent pricing framework;
- An improvement in relationships and communication with the independent sector;
- Access to management information and the provision of clear and consistent patient level data to underpin a performance management framework;
- Consistent and sustainable high quality service provision and improved patient outcomes;
- Reduction in the cost of care whilst maintaining or improving quality

- Set of suitably qualified, financially viable providers
- A single all Wales National Framework covering non-NHS Wales Secure MH & LD hospitals
- An all Wales placement process
- Inclusive pricing mechanism
- Tailored welsh standards
- Patient Care Indicators
- Bespoke Informatics system
- Robust hospital audit process
- Quality Assurance Team
Current state - NHS Wales and external placements in 2014

Assurance on quality & safety

80% reduction in delayed discharges and 14% reduction in number of patients in secure care 2012-2014

£11.9m activity reduction and £4.7m cash released savings in secure care 2012-2014
External recognition

“In summary, all involved within this innovative programme...have intuitively addressed the most challenging aims in healthcare, improving quality, patient experience and providing value for money”

Extract from 2012 NHS Scotland External Review of National Framework Project

Winner: 2013 Welsh Public Sector Procurement Awards
Outstanding Leadership

Winner: 2012 UK Government Opportunities Award
Excellence in Public Procurement-Health & Social Care Organisations

“Delivering significant cash savings throughout Wales and demonstrating the huge benefits for patients and taxpayers this approach can bring. There would appear to be potential to apply it in mental health and social care in the rest of the UK”

Winner  HSJ Efficiency Awards 2013  (Judges comments)
The enabling process - CAREMORE®

The ‘it’ described by the HSJ judges evolved into a concept called CAREMORE® now being used as a transformational programme for delivering prudent healthcare through a commissioning lens to improve the outcomes and experiences of patients/citizens within available resources.

CAREMORE® is a concept for enabling improved outcomes and quality within available resources, with CAREMORE® an acronym for:

- Care standards
- Activity
- Resources Envelope
- Models of care
- Operational arrangements
- Review of performance
- Evaluation
New Framework -2014+

Covers wider footprint
• MH & LD-medium secure, low secure, controlled egress and uncontrolled egress
• 250+units across 96 hospitals under 24 providers
• Inclusive and transparent pricing with ‘price refresh’ mechanism

3Q system
• Ranking providers by Quality then cost by applying a Quality Assurance Rating System.

80 standards in 25 themes under three areas covering;
• Improving the patient experience of care, including quality and satisfaction
• Improving the health and well being of patient
• Safe, effective, efficient provider

6 Patient Care Indicators

<table>
<thead>
<tr>
<th>Care &amp; Treatment Planning</th>
<th>Health Promotion &amp; Well Being</th>
<th>Risk Assessment &amp; Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>Meaningful &amp; Culturally Appropriate Activities</td>
<td>Therapeutic Interventions</td>
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E-CAARE
• Electronic Placement System using a set Process: Clinical assessment to determine appropriate service, Availability of beds, Assurance rating, Ranking by price, Exact clinical, geographical and social needs of the patient to be met
Commissioners Care Assurance & Performance System

- Track Patients journey through pathway
- Providers Bed availability
- Direct input by providers
- LHB /Provider Quality dashboards
- Care coordinators dashboard
- Commissioners Cost/ provider/ services mapping
- Electronic Placement Process (E-CAARE)
- Electronic Intelligence sharing with local commissioners (alerts)
- Patient level performance indicators
- Complaints/ POVA/ incidents by patient/ ward/ hospital/ provider
- Pathway or Annual/ weekly / daily costing
- Quality ranking of providers

CCAPS

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Commissioners Care Assurance & Performance System

- Patients NHS number, name, age, sex, predominant need
- E-CAARE process record including why current provider was chosen for patient
- Current patient placement agreement (contract)
- Patients current provider: name, address, current Quality Assurance Rating Level (Q rating)
- Incidents concerning patient (60 point matrix) including type, date, time, investigation
- POVA concerning patient including date, type, reported to name, investigation, report number
- Complaints made by patient (54 point matrix) including date, type, reported to (name), resolution
- Patients admission source and discharge destination
- Care and Treatment Planning (CPA) meeting dates & recorded attendance from local services
- Length of stay in current provider and whole patient pathway
- Cost per day, additional services (staff) required and cost, cost of whole patient pathway
The NHS Wales Quality Assurance Team provides assurance to local commissioners that National Framework services are being provided in safe and high quality environments that promote rehabilitation and recovery, using pharmacological and psychological treatments that are evidence-based and effective, whilst ensuring public protection and value for money.
NHS Wales Quality Assurance Team - Ethos

NHS Wales Quality Assurance Team

Provider

Patient?
"With all the interactions I’ve had with them [QAT] they were always looking at raising the standard of patient care. I’ve never felt that they are coming in with the idea of cutting costs and making it the cheapest they can do and sacrificing quality for that."

"You know exactly what is expected of you, what you need to deliver."

"We have made our services more person-centred because of our involvement with Wales."

"Patient’s choices and rights are more respected and there’s less chance of those not being respected because of the processes that are now in place."

"When we have [QAT] visits they’ve been great, they’ve always had plenty of time for patients. I’d like to think that they probably spend as much time talking to them as they do going through the paperwork, which is brilliant."

"75% of providers felt the framework helped to improve the quality of care."
Engaging with current patients

Top Five – Important to patients during a stay in hospital *

1. Having clean toilets and bathrooms
2. Having your nurses treat you with respect and dignity
3. Having your care coordinator understand you and your needs
4. Being given privacy when discussing your condition or treatment with hospital staff
5. Being treated fairly regardless of Age, Sex, Race/Ethnicity, Religion, Sexual orientation or disability

*Items from popular mental health patient experience and satisfaction surveys were collated into a single questionnaire, where patients were asked to rate each individual question on a 1 (not at all important) to 5 (Very important) Likert scale detailing how important that topic is to them during their stay in secure care. Responses to the Likert scale ratings were averaged across participants, resulting in an average score for each of the 55 items.
Thank you

For a copy of our annual report or more details on the National Framework, CAREMORE© or the Commissioners Care Assurance & Performance System please contact me using the details below

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