Milton Keynes NHS
Primary Care Trust

MK PCT Health & Commissioning strategy:

Incorporating

The MK PCT Prospectus and three year plan 2006-2009

Part 1: Summary strategy & prospectus

Draft

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Foreword

This document sets out Milton Keynes PCT wants to achieve with the resources made available to it to provide health and social care that improves health, reduces inequalities in health, and promotes well being and independence in Milton Keynes

Part 1: Summary and Prospectus

It begins with an extended summary (this document). This, when read as a "stand-alone" document, also serves as a version of the Prospectus for the PCT. It contains a summary of the key health needs of the population, an analysis of the changes required in investment and services to better meet those needs, and identifies the changes that will be made in the next three years.

Part 2: The main document

A larger and more detailed document supports the Prospectus and is available via the PCT G:/ drive. Its first chapter describes the health of the people of Milton Keynes, their health and social care needs, how the PCT's money is spent and the volume and nature of health and social care services provided to the people of Milton Keynes. This identifies the major health issues and where changes are in investment and activity are needed.

Based on the analysis of the first chapter, the second chapter sets out the public health strategy for Milton Keynes and a description of the interventions that are known to be effective in tackling the issues identified in chapter one. This is used to set out medium term intentions of the PCT in terms of investment and activity.

The third chapter concentrates on the next three years. It compares what the PCT would like to achieve with its financial allocations, and sets out the affordable changes that the PCT intends to make in the next three years. This section also identifies how the PCT will seek to use the current round of NHS reforms to achieve its ambitions, at the same time as maintaining financial control.

The document has been developed through consultation both within the PCT and beyond. It has been developed in light of role of the PCT in the wider health economy and NHS. In particular, the PCT is a signatory to the MK Community Strategy and plays an active role in helping Milton Keynes grow to become the place to which its people aspire.

More than a document: a working tool

The document can be read in hard copy. However, in its electronic form it is much more than a document; it is a core resource and tool for the PCT. It contains hyperlinks to many other documents and data. Much of the numerical data is linked to databases and websites that allow further interrogation to sometimes considerable level of detail. As data is being updated continuously the definitive version of this document is the version on the PCT G:/ drive (and eventually website) and if referenced should always be quoted with the Version number and date of accessing from these sites.

As the PCT develops, so will this document. For example, it is anticipated that links to more data sets will be created and that relevant data sets will be linked to each other.

Part 1: Milton Keynes PCT: Summary strategy and Prospectus

1) Aims

1. The NHS is founded on a set of fundamental and enduring values that inform all the work of MK PCT – and every other NHS body. These values are that the NHS should "be a universal, tax-funded service, with equal access for all, free at the point of use and provided according to clinical need rather than the ability to pay".

2. The medium to long term aims of Milton Keynes Primary Care NHS Trust are shaped by these values of the NHS and also by the national and local policy context within which the PCT operates. This policy framework defines the high level aims for the PCT. These aims are summarised Box 1

Box 1: Medium Term Aims of Milton Keynes PCT

Milton Keynes PCT will use it resources and influence to:

- improve health and well-being
- reduce inequalities and social exclusion
- secure fair, fast access to a comprehensive range of services
- improve the quality and safety of services
- increase choice and convenience for the public
- improve users' experiences of services

by:

- commissioning services from an increasingly plural health and social care market
- Increasing the proportion of care available in community and primary care settings
- Increasing spend on cost-effective prevention
- Increasing public and user engagement and involvement at every stage from planning to the consultation.
- achieving financial balance and value-for-money
- helping people stay healthy and to take more responsibility for managing their own health

by developing and using:

- a market of health and social care public, private and third sector providers
- a tariff based system of payments "Payment by Results"
- practice based commissioning for the majority of health and social care
- better data and information systems
- better information for the public about outcomes that matter to them
- new systems of public and user engagement
- ever closer collaboration and integration with MK Council and other local partners

2) Health and social care needs of the people of Milton Keynes

3. This page summarises the key messages that arise from a more detailed analysis of the health needs of the people of Milton Keynes**.**

4. Key demographic issues

- Population growth:
  - Milton Keynes is growing rapidly. The MK PCT population is expected to rise from 226,000 in 2006 to 253,000 by 2011.
- The population of Milton Keynes is young but ageing
  - Milton Keynes has higher than average proportions of children and young adults – almost a quarter of the PCT's population are aged 18 or under
  - There is a growing proportion of single adult households (without children and under pensionable age)
  - Starting from a low base, there will be a large % increase in elderly people. For example, the number of people aged 75 years or more is expected to rise by 17.5% between 2004-11 (compared with 8.3% increase in England).
- Increasing cultural ethnic diversity
  - More than 9% of the total population and 18% of school children are members of a minority ethnic group

5. Major health issues:

The health of the people of Milton Keynes is generally typical of the country. There are, however some specific issues, in particular:

- Higher than average infant mortality
  - Infant mortality in Milton Keynes is marginally, but persistently higher in Milton Keynes than the average for England (8.6 per 1000 total births in Milton Keynes in 2003 compared with 5.3 per 1000 total births in England and Wales).
- Poor oral health in children
  - The average number of decayed, missing or filled teeth in Milton Keynes children is above the national target for dental decay, with decay present in 39% of five year olds.
- High rates of accidental injuries and deaths from accidents in older people
- Lower than average expectation of life, with the gap greater for women
  - Life expectation at birth for men in Milton Keynes 76.2 years, compared to 76.4 years for England and Wales. The corresponding figures for women are 80.2 years in MK and 80.8 years in England and Wales.
- Marked Inequalities in expectation of life
  - Life expectation at birth in Milton Keynes most disadvantaged ward, Woughton, is six years lower than the average for Milton Keynes

The *leading causes of death* that need to reduce if life expectation is to increase and inequalities in health are to reduce are:

- Cancer – especially lung cancer
- Trauma (in both adults and children)
- Heart disease and stroke
- Respiratory disease especially asthma and COPD

The *risk factors* to be reduced if health is to be improved in the medium term (by 2011):

- Tobacco use – this is the highest priority
- Obesity
- Physical inactivity
- Poor nutrition

- Alcohol misuse

Broad determinants of health to be tackled to secure good health in the long term

- Multiple disadvantage including *poverty, poor housing, social exclusion, low levels of educational attainment, poor and unsustainable environments* especially the following estates: Netherfield, Stacey Bushes, Beanhill, Tinker's Bridge, Fishermead, North Bradville, Water Eaton, Conniburrow and Granby.

3) Current issues

6. Finance – key issues

- There is a £12 million deficit predicted for 2006/7 which is being addressed
- Spend is low in relation to need on the key conditions – cancer and cardiovascular disease – where mortality rates need to fall if expectation of life is to rise and health inequalities reduce.
- Spend / head of population across Milton Keynes does not fully reflect differences in need associated with socio-economic deprivation.
- Spending on some gastro-intestinal disease and haematology is high in relation to need
- The % spend on emergency care has increased significantly since 2001/2
- The current % spend on:
    - Prevention is 3.35%
    - Care in general and specialist hospitals is 42%
    - Care delivered outside Milton Keynes is 10%.

  These data provide a baseline which can be used to assess the progress in increasing investment in care close to home and on prevention. These can be used to monitor progress with the PCT's strategic aims of increasing spend on prevention and increasing spend that allows people to receive convenient care close to home
- A greater than inflation and population change increase in income for 2007/8, provides the PCT with the opportunity to achieve recurrent financial balance and to create financial head room from 2007/8 to allow implementation of its strategy to increase spend on prevention and provide care closer to home (see later sections)

7. Activity and volume

- Between 2001/2 and 2004/5 the % of admissions to that are emergencies has increased by 8% for MK residents compared to 2% rise for England & Wales. The % rise at MKGH has been 9%.
- Milton Keynes residents typically receive lower than average rates of elective care in many specialities but higher than national rates in some specialties, particularly haematology and gastroenterology
- Services are only partially matched to need – in terms of volume (e.g. dentistry and community nursing) and geographical access (e.g. elective surgery)
- Reliance on secondary care when there may be scope to develop alternatives in primary care

- Many key preventive services that address the major killers (e.g. stop smoking services, weight management services) are not yet available at a level that matches need e.g. about 40,000 people say they want to stop smoking but the MK Stop Smoking service has a capacity to help about 2000 / year.
- The PCT lacks a detailed catalogue of all the services it pays for
- There is little information about sustainability / corporate citizenship of services.

8. Quality, including patient experience

- Overall, all providers used by the PCT - including PCT directly managed services - meet the core Healthcare Commission standards and key national targets except ambulance response times, and access to Genito-Urinary Medicine services within 48 hours.
- There is little data about how equitably services are provided in relation to ethnicity.
- More detailed quality indicators and a clear process for monitoring clinical quality of services will be required for future contracts.

The information below describes quality in main providers.

- Primary care and the Primary Care Trust
    - General practices generally provides good access as measured by appointment availability
    - General practices provide high quality care as measured by the Quality and Outcomes Framework (QOF) but scores are lower than elsewhere in the Thames Valley
    - General practices have identified fewer than expected numbers of people with cardiovascular disease and diabetes
    - At last count, 6 of 29 practices have registers of people at high risk of cardiovascular disease – this will be reaudited in October 2006.
    - Children's health services are judged by the Healthcare Commission (HCC) and the Audit Commission (AC) to be good
    - Tobacco control and smoking cessation services are judged by the HCC to be good
    - Substance misuse services in Milton Keynes are judged by HCC as fair
    - User experience survey results indicate experience of aspects of primary care is at or above national average levels in Milton Keynes for:
        - making an appointment
        - visiting the GP surgery
        - tests
        - seeing another professional from a health centre
        - dental care
        - health promotion
    - and below average for:
        - seeing a doctor

    - medicines
    - referrals
  - Detailed data about individual practices can be found on the PCT intranet
- Secondary care at Milton Keynes General Hospital
  - Heart attack care as judged by the national heart attack audit is excellent
  - Acute stroke care judged by the national stroke audit is above average
  - The is good access to services as measured by waiting times – except for sexually transmitted diseases
  - Low post operative infection rates – except for large bowel surgery
  - Shorter than average length of stay and higher than average readmission
  - Mixed patient experience scores for adults; and young people
  - Limited data on ethnic equity

4) Strategic Direction: Commissioning Priorities and Future Investment

9. The strategic direction for Milton Keynes PCT is set out above in para 2.

10. In the medium term the PCT will pursue these aims by:

a) *changing the balance of investment to better target the key conditions whose reduction will improve expectation of life, reduce inequalities in health and reduce infant mortality*. This means:

Increasing the % of its resources invested in:

- Prevention, diagnosis and treatment (including end of life care) of cancer
- Prevention, diagnosis and treatment of cardiovascular disease – especially secondary and high risk prevention in primary care
- Cost-effective treatments, especially those that enable care close to home
- Preventive services – especially smoking cessation (including smoking in pregnancy) & tobacco control and obesity prevention
- Prevention and treatment of accidental injuries
- Prevention and treatment of substance and alcohol misuse
- Prevention, diagnosis and treatment of sexually transmitted infections and HIV/AIDS
- Reducing teenage pregnancy

Reviewing the efficiency of its investment in:

- maternity services and antenatal screening – including for Down's syndrome and sickle cell disorder
- services for the treatment of respiratory disease

Reducing the % of its resources invested in:

- Non-elective secondary care
- Investigation and treatment of gastrointestinal disease

- Investigation and treatment of haematological disease
- Investigation (e.g. ECGs) and treatment (e.g. anticoagulation) currently often provided in hospital that could be delivered at less cost (and the same or better quality) outside hospital
- Out-patient appointments (e.g. routine follow-ups when alternative follow-up arrangements can be made)
- Care provided outside Milton Keynes – unless driven by patient choice or where locally available quality of care is unacceptably low
- Low-value (as measured by cost / QALY) and low priority services.

b) Changing the balance of investment to promote equity by:

- Moving to set practice budgets by "fair shares" i.e. based on need rather than patterns of past spending of health care services
- Wherever possible, targeting new investments at the most disadvantaged areas of Milton Keynes, in particular by supporting Milton Keynes Local Strategic Partnership and Milton Keynes Council's work on priority areas, which initially have been identified as Beanhill and Tinker's Bridge
- Working with partners to tackle the broad determinants of ill-health including low educational attainment, unemployment, poverty
- Developing the PCT and those that provide services on its behalf into good "corporate citizens" that seek to use their economic power to tackle poverty, promote social justice and to create a sustainable environment.

c) Improvements in quality of care

11. Quality improvements – in addition to the service wide national targets - that will be sought in the medium term are:

- The introduction of better systems for measuring quality of care in both hospital and out-of-hospital settings
- Clear monitoring and escalation and sanctions procedures
- Increases in the number and % of people at high risk of cardiovascular disease whose risk factors are adequately controlled in primary care
- Improvements in patient experience
- Strengthening systems for the recording and analysis of ethnicity and other relevant data
- Swift and appropriate action when evidence emerges of a risk to patient, staff or visitor health, including the involvement of appropriate internal and external specialists
- Reviewing the evidence to clarify the relationship between volume and quality with a view to commissioning care for those services which need to deal with a minimum number of patients to achieve and maintain good quality only from those providers who undertake more than that minimum.

Short term priorities and plans

12. But in the short term, the commissioning priority for the PCT is to achieve financial balance in 2006/7 without compromising it ability to deliver its strategic aims. This will be achieved by seeking to reduce expenditure by:

    - Ensuring that the PCT pays only for services that have been provided and correctly coded for example, by checking whether the PCT should have been charged for an out-patient / A&E attendance rather than an in-patient admission for those patients coded as being admitted for very short periods (less than 6 hours)
    - Reducing the number of investigations and treatments performed in hospital that can be undertaken more conveniently and at lower cost outside hospital e.g. ECG, anti-coagulation and the investigation and treatment of DVT
    - Reducing demand (and not paying) for low value health care by extending the list of for low priority care
    - Introducing a system of pre-authorisation for consultant–to-consultant referrals
    - Reducing the need for unplanned admissions by identifying and improving the care of people at very high risk of multiple admission to hospital

System reform

13. The NHS is now 5 years into a 10 year programme of system reform. In addition to securing the short, medium and long term changes to service provision outlined above the PCT will also develop and strengthen a number of key operational systems and processes.

14. In particular, as a relatively small primary care trust, the PCT will seek to maximise the benefits of co-terminous boundaries with local government and to secure economies and qualities of scale by integration of relevant services across sectors, in particular with the Council. This has already started in children's services, care for older people, mental health services, etc, but could be extended further.

15. The MKi Observatory is an example of how excellence can be achieved at modest cost by working with local partners from other sectors.

16. The PCT will continue to use formal agreements with partners, such as Local Public Service Agreements, Local Area Agreement and S31 Health Act agreements to secure both the PCT's contribution to the broader development of Milton Keynes, and the contribution of partners to improving health and reducing inequalities in Milton Keynes in the short, medium and long term.

17. Systems and processes that the PCT will strengthen in the medium term by:

    - Working with the Council and Practice Based Commissioners to create a *Milton Keynes Commissioning Federation* which will help bring together and co-ordinate the work of all the health and social care commissioners in Milton Keynes
    - Working with the Council, the Overview and Scrutiny Committee, Patient Forums and other representatives of the public and service users to transform the quality of *public and user engagement* – initially by creating a Milton Keynes Local Involvement Network (MK LINk)
    - Working with general practices to develop *Practice Based Commissioning*
    - Investing in new *information technology* to improve the efficiency and quality of care, the quality of information available to staff and the public and to promote choice

- The *PCT giving consideration to withdrawing from the direct provision of care*, and the creation of a joint provider agency with the Council
- Development of an effective and accountable *Milton Keynes Children's Trust* to deliver on a range of agreed priorities
- Strengthening *engagement with clinicians* and the development of high quality *local clinical leadership* – initially by working closely with practice based commissioners and reviewing the working and membership of the Professional Executive Committee and developing stronger GP-consultant dialogue.
- Introducing new methods of financial control such as near real time contract and activity monitoring, pre-authorisation systems and peer review of referrals.

18. The points in this strategic plan can be reviewed against the HEDRA checklist of issues for the Milton Keynes South Midlands growth area:

- Timeframe: this iteration of the health and commissioning strategy focuses on the short-medium term priorities for the PCT. However, once the PCT establishes itself as a strong commissioner, the strategy can be extended to cover the longer term growth and regeneration issues for Milton Keynes to 2031.
- Population growth: meeting the health needs of the current and future populations of Milton Keynes are at the heart of this strategy.
- Workforce: pressures on especially community workforce are described within the strategy, although there are separate workforce strategies being developed for children's services and other services
- Uncertainty: The strategy puts in place a common set of principles that can be used with any circumstances, e.g. growth of the private or voluntary sectors, switch in NHS provider arrangements, etc
- Impact on and by neighbours: the *Choice* agenda for patients has, to some extent, made this even more important for local and neighbouring providers. The implications of this for the PCT as commissioner are discussed within the strategy.
- Implications for health AND social care: the joint commissioning arrangements in place between the PCT and Council have aligned plans for both agencies for some client groups. However, there are other synergies that could be made between both organisations to the benefit of both.
- Opportunities from being a growth area are consistently explored throughout the strategy
- Review: this strategy will be under constant review as policy, evidence, service provision and population needs change. There will be formal written updates on an annual basis.

5. Dashboard indicators

The PCT will be able to assess how effectively it is using system reform to meet its aims through regular review of a number of high level "dashboard" indicators. These are summarised below:

Monthly indicators	Health service activity
	• Numbers of elective and non elective spells per month at Milton Keynes General Hospital and (collectively) other providers
	  • Length of stay
	  • Proportion of day cases

	• Rate of emergency admissions Financial health • (Proximity to) financial balance
Quarterly indicators	Quality of care • Readmission rates • 30 day mortality • Admission rates for "ambulatory care sensitive" conditions
Annual indicators	Mortality-based indicators: • Infant mortality rate • Expectation of life for men and women • Difference (in years) in expectation of life between the MK ward with the lowest life expectation and the average for MK • Age standardised death rates for cardiovascular disease, cancer, trauma, asthma and COPD Morbidity-based indicators: • Hospital admission rates from accidents: under 5s, 5-14, 15-64, and 65+ age groups • Annual numbers of emergency hospital admissions for management of asthma Risk factor indicators: • Prevalence of obesity at 5 and 11y and in adults (from local survey) • Smoking prevalence (from local survey) or number of 4 week quitters • Hospital admission rates for alcohol related illness and incidents Well-being and social care indicators: • % of residents surveyed who feel satisfied with their neighbourhood Quality of care • Selected QoF indicators relating to secondary prevention • Summary user experience Financial health • Programme budgeting: % spend on major killers – cancer, heart disease and respiratory disease. • % spend in acute and non-acute settings • % spend on prevention • % spend out-of area • ratio of spend /1000 in most disadvantaged quintile of wards to spend/1000 in highest quintile of wards

This summary has set out the strategic direction and short to medium term priorities for the PCT. Further information and links to other information – much of it highly detailed – can be found in Part 2 on the PCT G:/ drive.