

## Government initiatives

### **Quality, Innovation, Productivity and Prevention (QIPP) – what does it mean for diabetes care?**



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**T**he NHS is set for major reform over the coming months and years, with the QIPP agenda representing a central aspect of this process.

QIPP, in essence, is designed to aid the NHS in making efficiency savings, which may be reinvested to improve patient care. NHS organisations will have systems in place to address the QIPP agenda, supported by 12 workstreams to support system enablement, which will include: primary care commissioning and contracting along with information technology; care pathways, e.g. safe care, right care, end-of-life care, urgent care and long-term condition management; and provider efficiency including service and provider procurement. From the perspective of long-term condition management, the workstream will provide a national support and improvement programme to aid the local implementation of a generic model based on four key principles:

1. Commissioners understanding the needs of their population and managing those at risk to prevent disease progression.
2. Empowering patients to maximise self-management, including ensuring patients have a care plan and appropriate information and knowledge about how to manage their condition.
3. Providing joined up and personal services, particularly in community and primary care, and working closely and effectively with social care.
4. Strong professional and clinical leadership and workforce development.

The most recent prevalence estimate for diabetes in the UK is measured at 4.26% of the population (Diabetes UK, 2010a), while it is estimated that around 10% of total NHS budget is spent on the diabetes management (Diabetes UK, 2010b), with cardiovascular complications consuming the greatest proportion of direct costs (Foundation of European Nurses in Diabetes, 2005). Diabetes prescribing accounts for around 7% of all prescribing costs (The NHS

Information Centre, 2010), while people with type 2 diabetes who develop complications incur around five times the expenditure compared with those with no complications (Williams et al, 2002).

Based on such considerations, the QIPP agenda may have significant implications for the future of diabetes care. The basic principles underlying QIPP reflect clinical evidence, clinical guidelines and cost-effectiveness. However, when considering the basic ethos of QIPP it is clear that cost-effectiveness does not mean cost savings but relates to the delivery of therapeutic strategies designed to deliver optimal clinical, and thus health-economic, outcomes – a concept that is already partially reflected by the flexibility of therapy choice outlined in the most recent NICE guideline on blood glucose-lowering therapies in type 2 diabetes (NICE, 2009). Thus, QIPP is likely to have a significant influence on the future development of diabetes care; this may include the implantation of a more structured approach to screening and a greater focus on the delivery of structured patient education.

From the therapeutic perspective, modern therapies such as the incretin-based agents and the insulin analogues are likely to be the focus of considerable debate; however, the benefits of these agents with respect to hypoglycaemia and body weight, particularly in certain patient phenotypes, will be of importance in delivering the objective of QIPP in diabetes care.

The final shape of things to come from the QIPP and diabetes care perspective is still not completely clear, however the overriding principle of these proposed reforms can be summed up by the phrase “right patient, right treatment, right time, best outcome”.

Diabetes UK (2010a) Reports and statistics: Diabetes prevalence 2010 (Oct 2010). Diabetes UK, London

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The NHS Information Centre (2010) *Prescribing for Diabetes in England: 2004/5 to 2009/10*. The NHS Information Centre, London  
Williams R, Van Gaal L, Lucioni C; CODE-2 Advisory Board (2002) Assessing the impact of complications on the costs of Type II diabetes. *Diabetologia* 45: S13–17

### DEPARTMENT OF HEALTH

### Quality, innovation, productivity and prevention (QIPP) in the NHS

**1** The White Paper, *Equity and Excellence: Liberating the NHS*, asserts that quality cannot be delivered simply through targets but by focusing on clinical outcomes, giving power to patients and devolving power and accountability to the frontline.

**2** To achieve this, the QIPP agenda is an opportunity to prepare the NHS to deliver high-quality care in a tighter economic climate.

**3** QIPP is run on a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year-on-year quality improvements.

**4** At a regional and local level there are QIPP plans that address the quality and productivity challenge, and these are supported by the national QIPP workstreams, which are producing tools and programmes to help local “change leaders” in successful implementation.

**5** There are 12 national workstreams: five workstreams relate to commissioning of care and five relate to the running and staffing of NHS organisations; two focus on primary care commissioning and contracting, and the role of digital technology. Each workstream will be led by an experienced NHS workstream lead.

Department of Health (2011) *Quality, Innovation, Productivity and Prevention (QIPP)*. DH, London. Available at: <http://bit.ly/eOSk5b> (accessed 01.06.11)