

The future of commissioning for planned surgery

Beyond data: Intelligence

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- Data alone is not enough: intelligent conversation
- 'Access' to elective care
- What's it got to do with me?
- What should I do?

Data alone is not enough:
intelligent conversation

Mantra



Information is an input, it does not 'do' anything

The five stages of grief

Adapted from Elisabeth Kübler-Ross 5 stage model

(Though more modern grief theories such as that of John Bowlby described as 'ebb and flow of processes such as shock and numbness, yearning and searching, disorganization and despair, and reorganization' have some attraction)



Hug a clerk



Hug a coder



'Access' to elective care

Variation in activity

- Presentation
- Referral behaviour
- Decision to operate

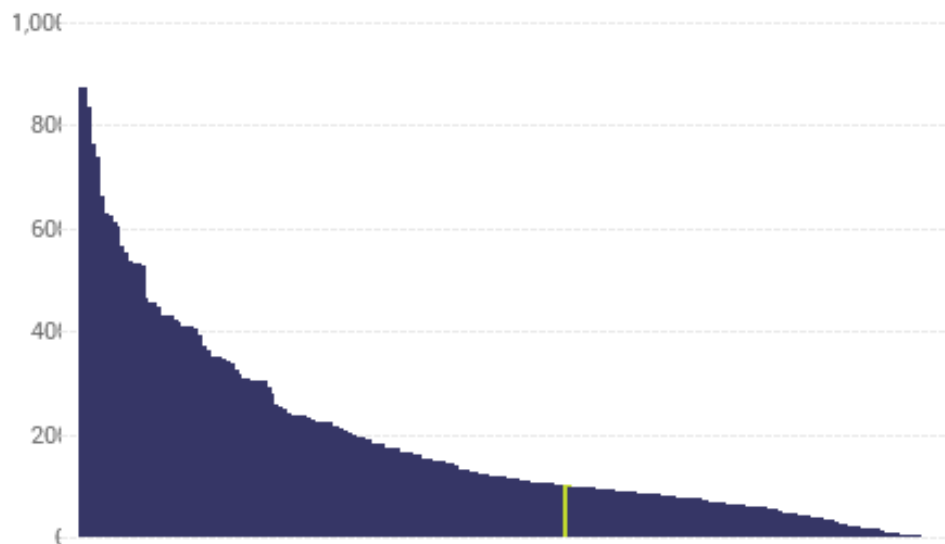
Break down to pathway and look at each step, to understand what is influencing activity overall and what, if anything, to do.

Presentation



OPD

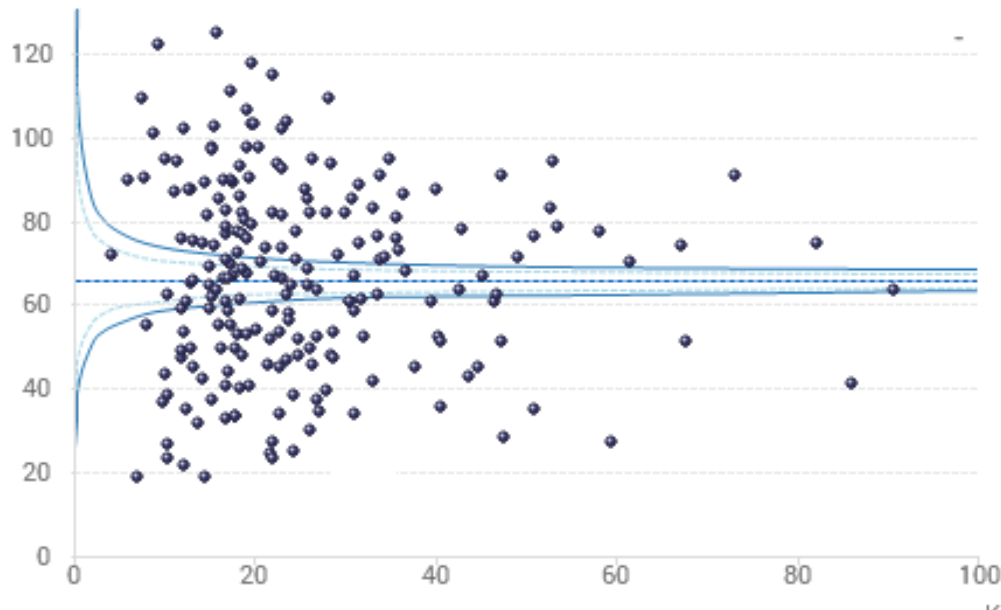
Directly standardised rate per 100,000
registered CCG population of OPD
appointments in plastic surgery following
GP referral



Source: Stethoscope™, HES ©HSCIC

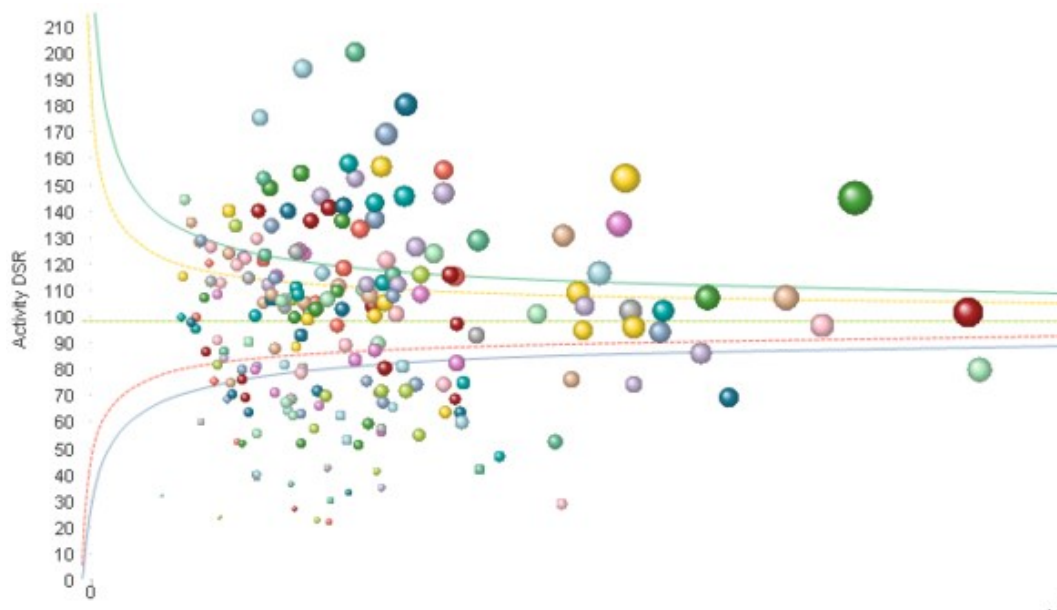
OPD to procedure conversion

Rate of elective orthopaedic admissions
within 6 months of an outpatient
attendance with the same specialty (per
1000 OPAs)



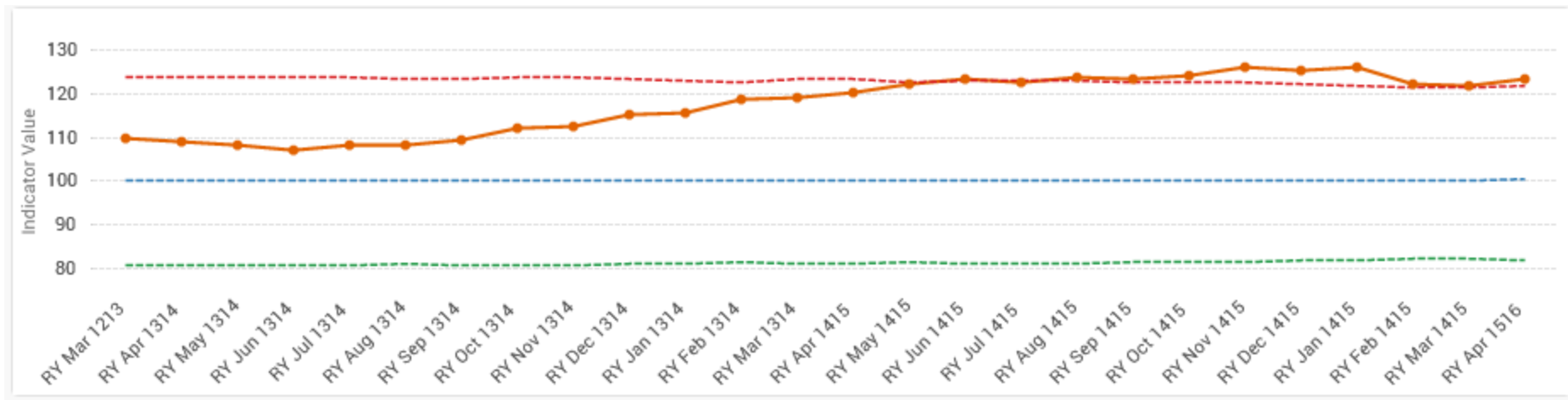
Procedures

Directly standardised rate per 100,000 registered CCG population of elective surgery for Carpal and Cubital tunnel procedures



Source: PET, HES ©HSCIC

Trend



What's it got to do with me?

Population surgery

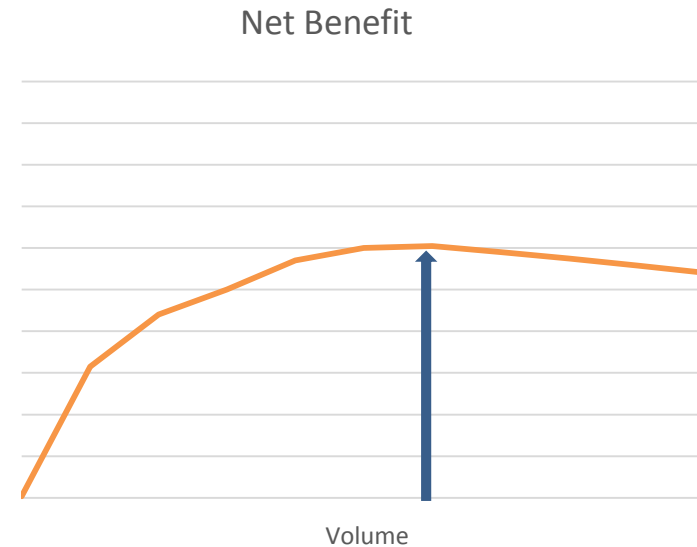
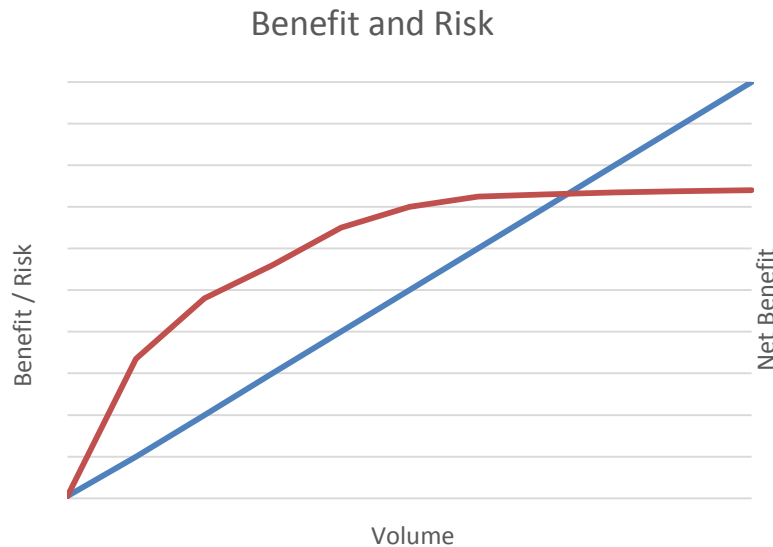


Individual care

Vs

Rational use of resources

Optimality



- This works at a population level, such as a CCG, or a patient cohort such as ‘everyone I see in my pre-operative assessment clinic this year’.
- It also works for the individual patient: the patients you select for surgery are those who will, on balance, benefit more than the individual risk of harm and the patients you decline are those where the risk outweighs the benefit.

What can I do?

- The NHS has national data sets
- They are *good enough* to be useful
- Everyone in the NHS is responsible for the quality of these data, and by using it in anger it will only get better
- So.....we must use this resource and engage on the discussion!

If we focus on a speciality, condition or procedure, then we can start to use the data and information available within the NHS.

Look at the information about your practice, service or population.

- Are rates higher or lower than peers?
- Do you know why?
- Are you comfortable with what you see?
- Can you defend your own variation?

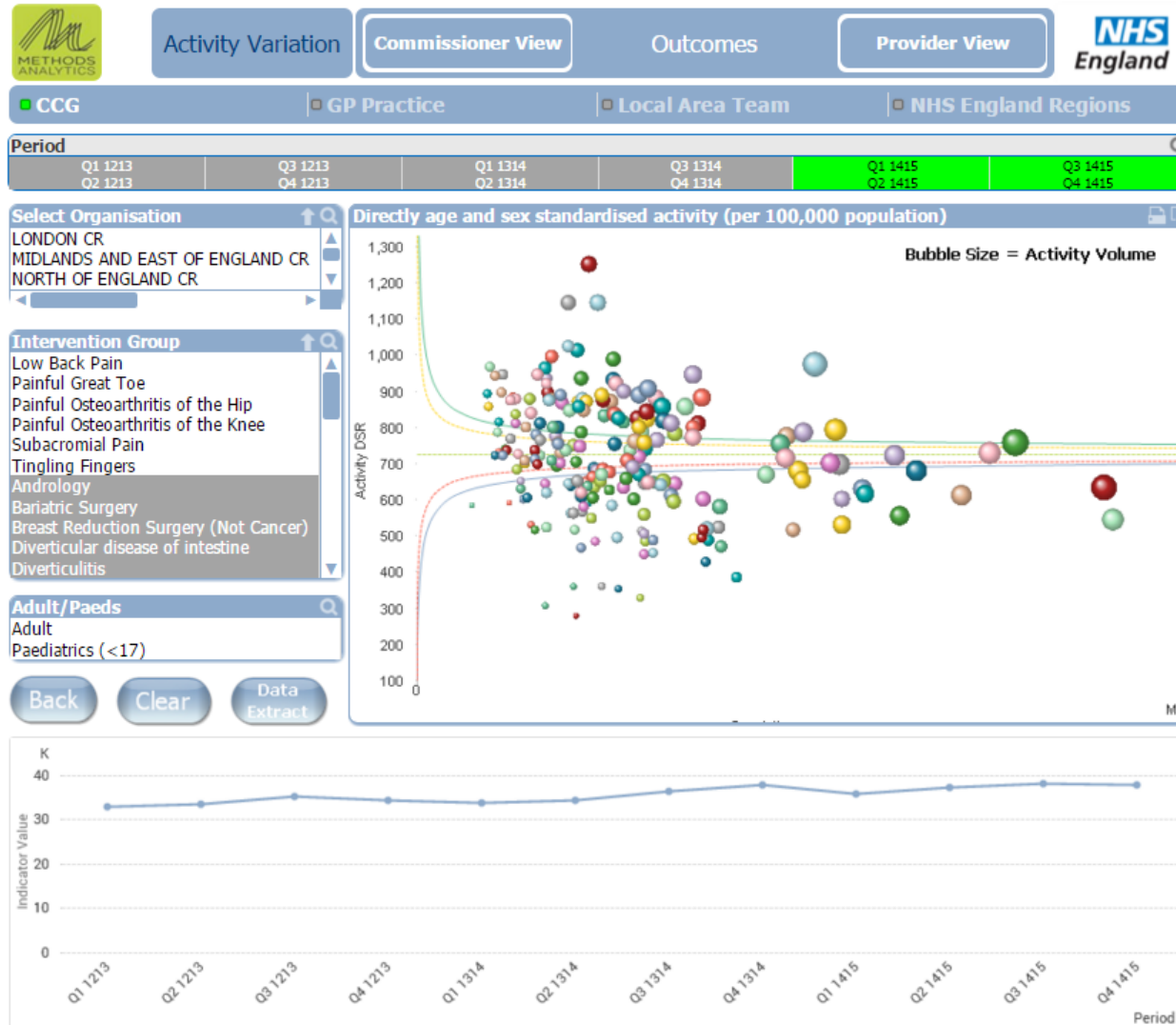
Graham's Hierarchy of “Argument”



Tools to help inform the furious row

- Enhanced Procedures explorer tool
 - Built around the procedures by CCG for the 29 NSCC pathways
 - Commissioner and provider drill down for 7 common metrics
 - Variation view and longitudinal view
 - Time period selection
 - Data extract facility
 - Live now

Procedures Explorer Tool



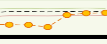
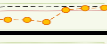
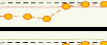
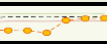
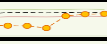
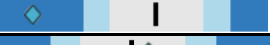
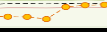
More tools to help

- CfV Surgical pathways on a page
 - Commissioner and provider view
 - Key metrics along the pathway at a population and procedure level
 - Activity, outcomes and cost
 - Coming in May

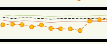
Example surgical pathway on a page

Pathway: 16. Painful deformed great toe Provider: St. Elsewhere's

Patient pathway metrics

	Value	Mean	Period	Chart 1 - Variation - all providers	Chart 2 - Difference from similar 10	Trend
Elective admissions with a diagnosis of hallux valgus in preceding year	140	100	01/04/14 - 31/03/15			
Elective admissions with a diagnosis of hallux rigidus in preceding year	105	100	01/04/14 - 31/03/15			
Reoperation on hallux valgus within 2 years	109	100	01/04/14 - 31/03/15			
Reoperation due to failure of fusion after surgery for hallux rigidus	113	100	01/04/14 - 31/03/15			
% operated using a minimal access technique ¹	77	70	01/04/14 - 31/03/15			
Number of admissions for metatarsophalangeal joint replacement	110	100	01/04/14 - 31/03/15			
% of those with hallux valgus surgery who had the recommended 3 post-operative follow ups	79	70	01/04/14 - 31/03/15			
Spend (000's) : Arthrodesis	120	90	01/04/14 - 31/03/15			
Spend (000's) : Arthroplasty	14	7	01/04/14 - 31/03/15			
Spend (000's) : Osteotomy	187	120	01/04/14 - 31/03/15			
Spend (000's) : Revision Arthrodesis	2	18	01/04/14 - 31/03/15			
Spend (000's) : Revision Arthroplasty	4	15	01/04/14 - 31/03/15			
Spend (000's) : Soft tissue release	210	180	01/04/14 - 31/03/15			

Surgical procedures

	Activity	DSR per 100,000	Average Length of Stay	% 7 day readmissions	% 30 day readmissions	% 30day reoperations	% day case	% Short Stay Rate (discharged within 48hrs)	Spend (000's)
Arthrodesis	60	8	0.4	0.5%	2.0%	0.2%	72.9%	96.5%	
Arthroplasty	6	0.3	0.7	0.0%	1.0%	0.1%	70.8%	95.8%	
Osteotomy	120	12	0.3	0.8%	2.0%	0.1%	79.7%	98.4%	
Revision Arthrodesis	Less than 5	0.1	1.0	0.0%	0.0%	0.0%	33.3%	100.0%	
Revision Arthroplasty	Less than 5	0	0.2	0.0%	0.0%	0.0%	66.0%	100.0%	
Soft tissue release	100	12	0.3	0.5%	1.3%	0.2%	75.5%	97.6%	



Thank you

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