Public Health England

NHS

RightCare

Population healthcare

The power of variation

Behaviour change in Bradford

- *"For years we just accepted our place at the bottom of the table on diabetes because of our population and prevalence. (Now we have used RightCare and) changed the culture to be:*

  Because we have such high prevalence we should do better than others as more people will benefit and the impact will be greater"

  – Helen Hirst, Accountable Officer, Bradford City and Bradford Districts CCG

So what has changed for Bradford's population?

- Primary Prevention: Increased knowledge of the condition, amongst at risk population, and how to prevent it.
- Detection: 1000+ previously undiagnosed people with type-2 diabetes now being helped, some of whom were asymptomatic.
- Secondary Prevention:
  - Reductions in average weight, BMI and waist measurement amongst target group
  - Significant decrease in average HbA1c measurement was seen including some patients moving from high to low risk.
  - Measurable improvement in delivering the 9 NICE recommended care processes for patients with diabetes (from 40% to 72% in March 2015).
- Sustainable health economy: Expected that, in long-term, costly treatments such as amputations will reduce.

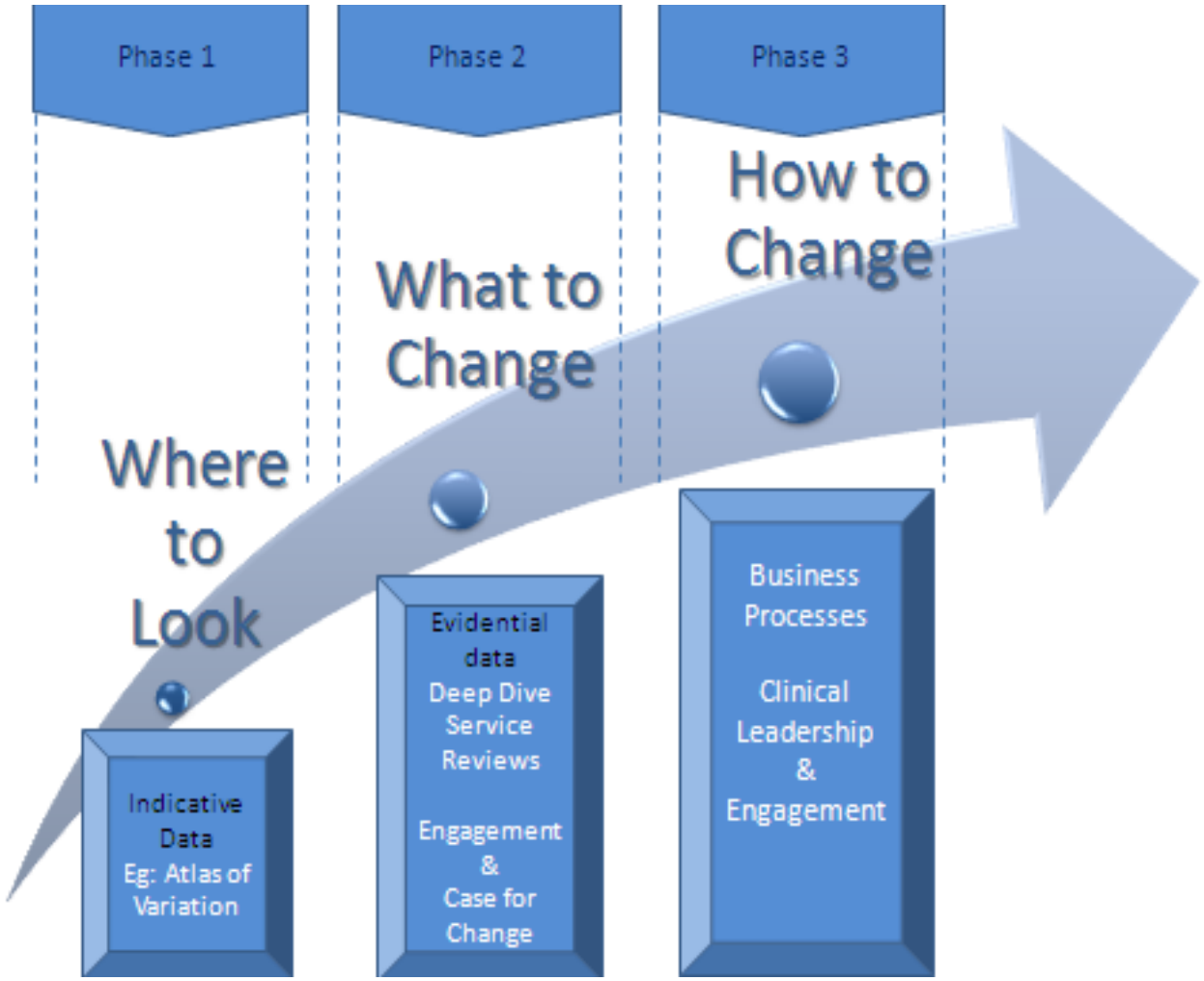
- Casebook available on our resource centre – www.rightcare.nhs.uk

Built on basic, simple improvement principles

1. Get everyone talking about the same stuff
    - Agree what to focus improvement effort on
2. When talking about it, talk about ‘what is wrong?’ and ‘what will fix it?’, NOT ‘who’s fault is it?’
    - Design optimal (protocols, pathway and systems)
3. Build evidence to demonstrate that ‘what will fix it?’ can be done
    - Assess and make case for viability of impact
4. (Thanks to above) always talk about implementation from perspective of ‘this is the right thing to do for the population, and it is do-able’
    - Isolate true reasons for non-delivery

1 key objective + 3 key phases + 5 key ingredients = COMMISSIONING FOR VALUE

OBJECTIVE - Maximise Value (individual and population)



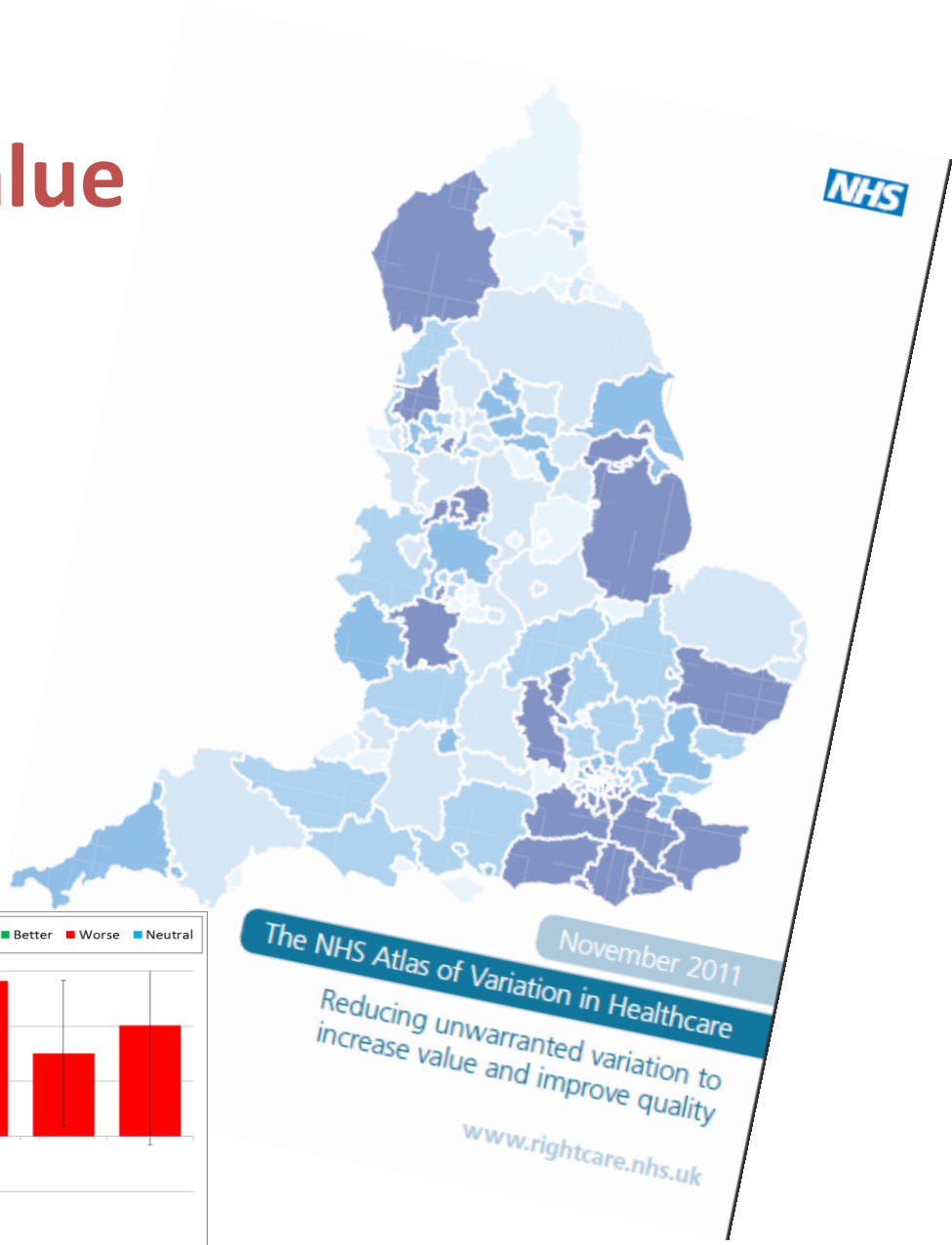
Five Key Ingredients:

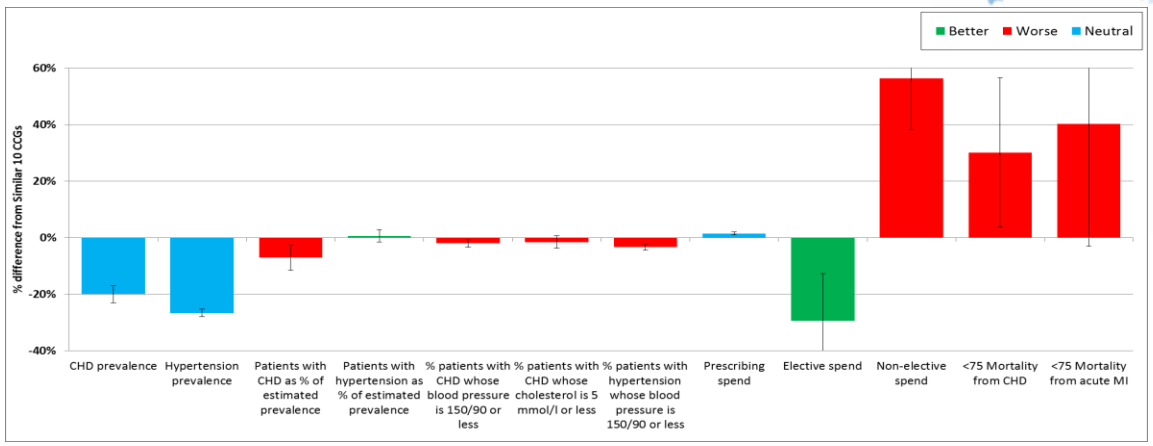
1. **Clinical Leadership**
2. **Indicative Data**
3. **Clinical Engagement**
4. **Evidential Data**
5. **Effective processes**

The 1st principle of Commissioning for Value

Awareness is the first step towards value –

If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place



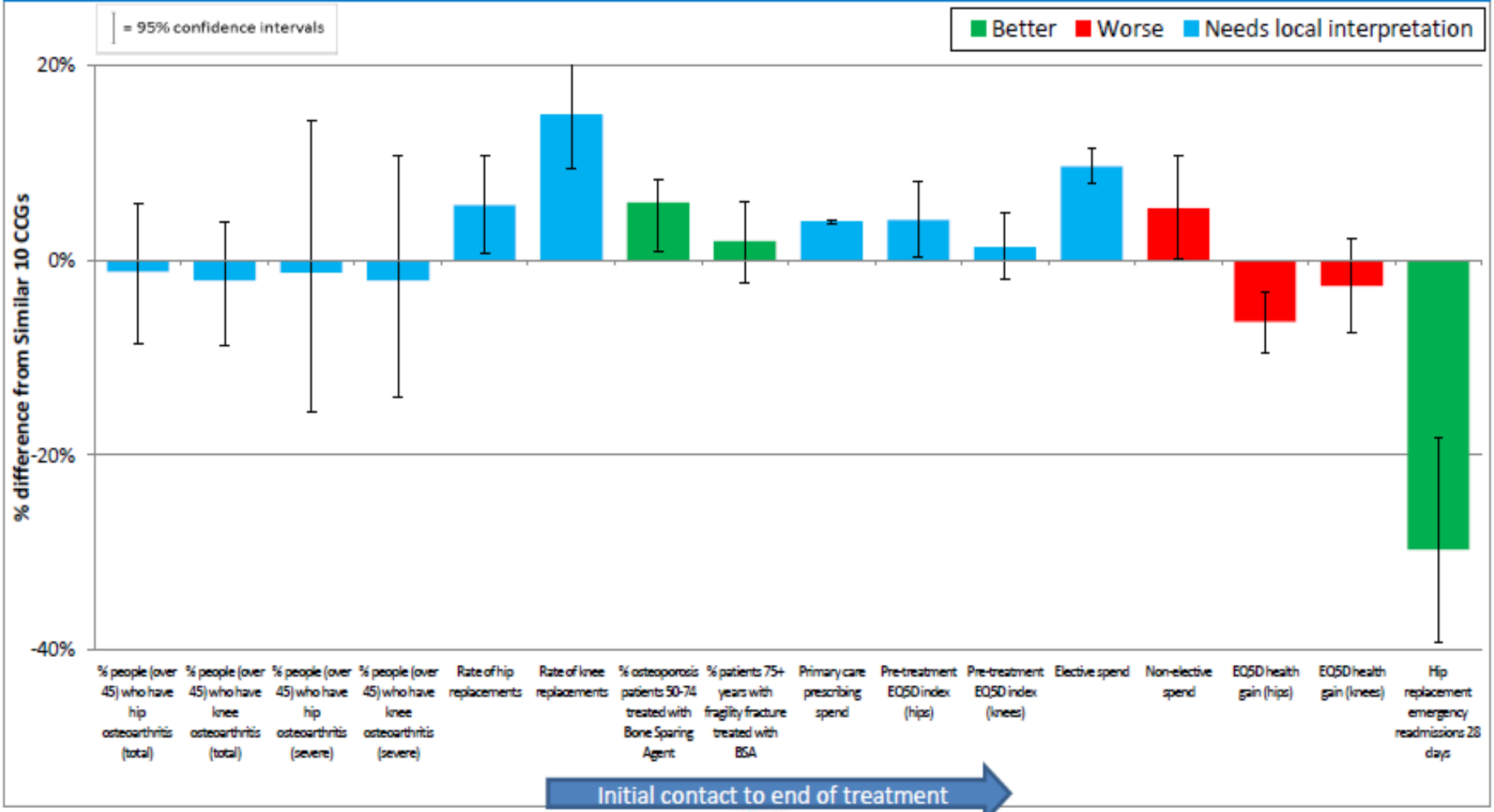


So what should we do?

- When faced with variation data, don't ask:
  - How can I justify or explain away this variation?
- Instead, ask:
  - Does this variation present an opportunity to improve?

Musculoskeletal pathway

NHS North, East, West Devon CCG



NICE guidance:
http://pathways.nice.org.uk/pathways/musculoskeletal-conditions

Arthritis Research UK Musculoskeletal calculator:
http://www.arthritisresearchuk.org/mskcalculator

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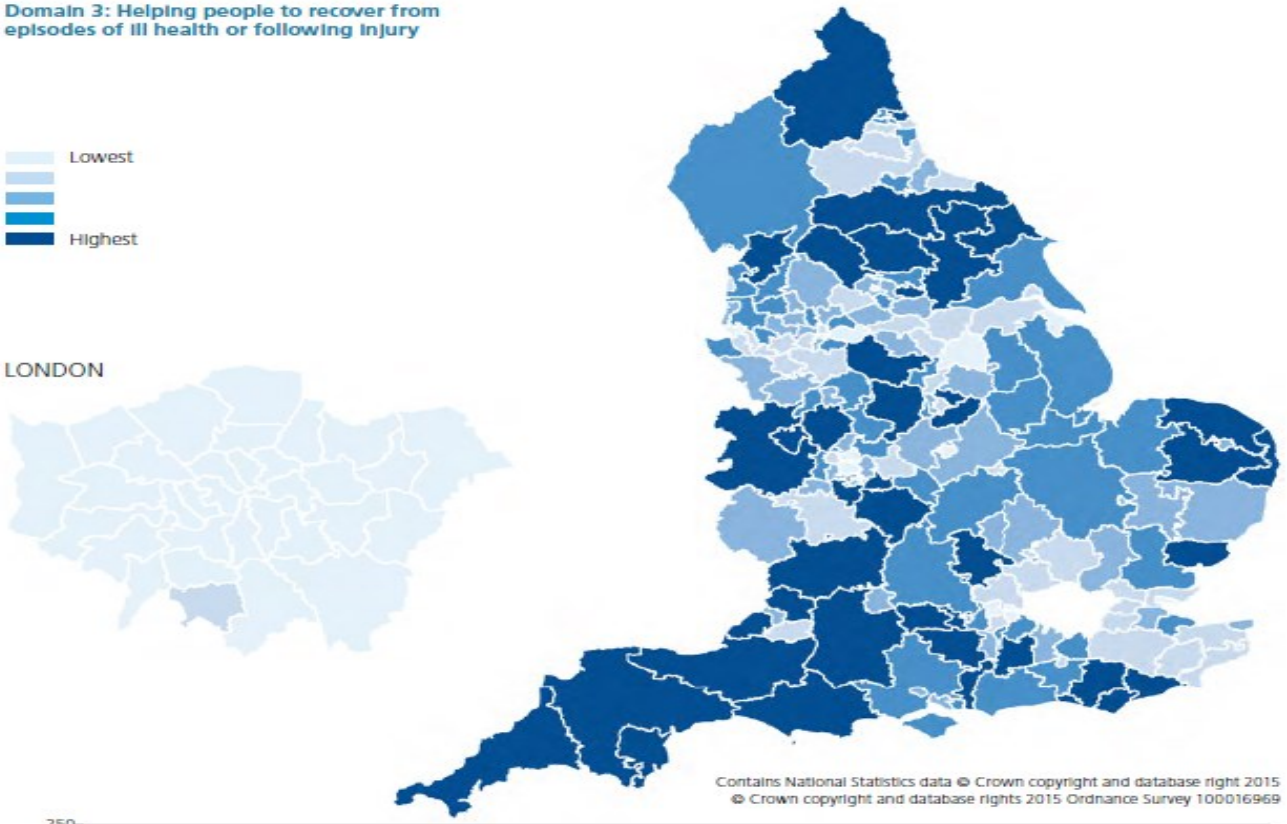
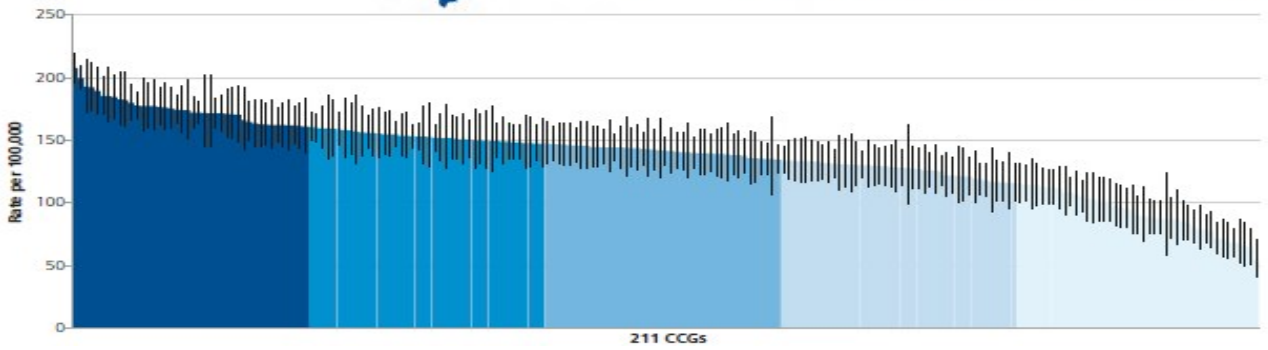
Map 59: Rate of primary hip replacement procedures per population by CCG

Directly standardised rate, adjusted for age and sex, 2012/13

Domain 3: Helping people to recover from episodes of ill health or following injury





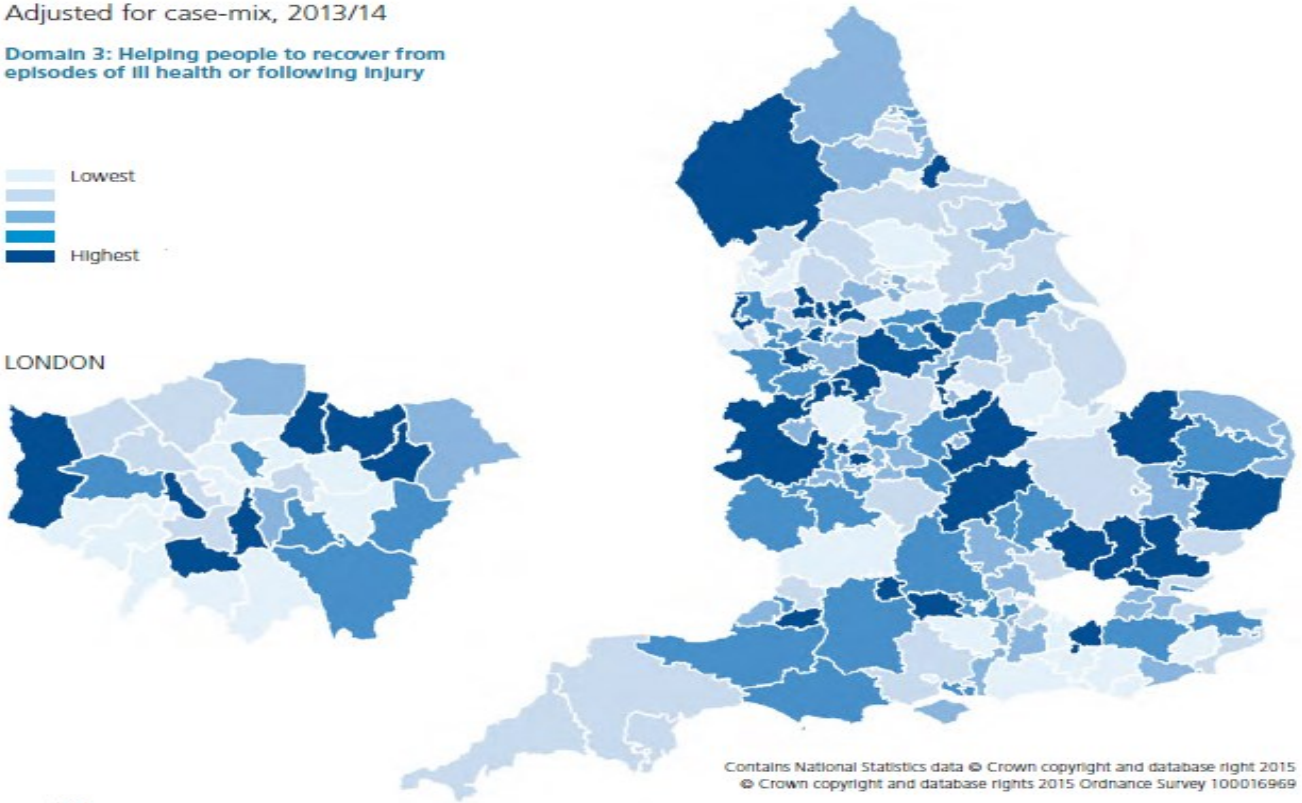
- NEW Devon – 200 per 100k
- Cluster 75th %ile – 176 (England norm is 137)
- 73% of CCGs do not follow best practice (RCS)
- OFAs –
  - Follow NICE and other clinical guidance
  - Use Patient Decision Aids (RCS and Cochrane advocated)

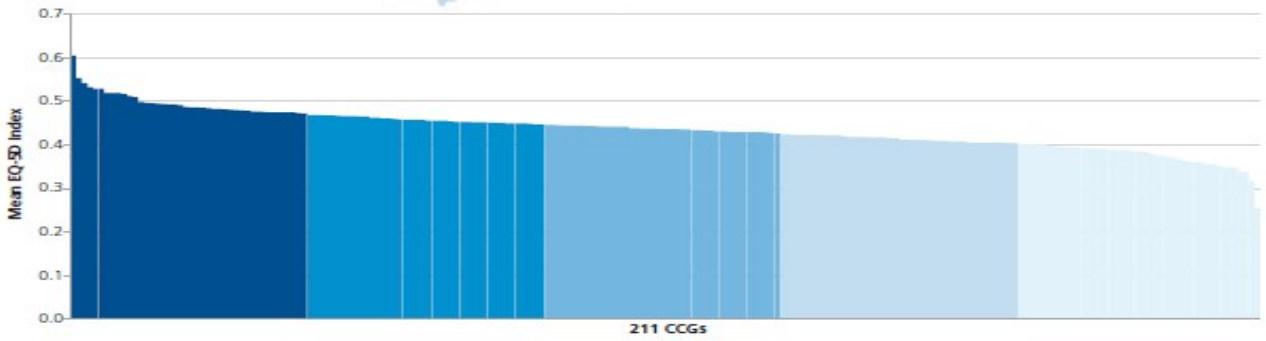
PROBLEMS OF THE MUSCULO-SKELETAL SYSTEM

Map 60: Mean patient-reported health gain (EQ-5D Index score) for primary hip replacement procedures by CCG

Adjusted for case-mix, 2013/14

Domain 3: Helping people to recover from episodes of ill health or following injury





- NEW Devon – 0.42
- Cluster 75th %ile – 0.46
- Best in cluster – Cumbria CCG
- OFAs –
  - Use Patient Decision Aids;
  - Go to sdm.rightcare.nhs.uk

And what can happen if you do?

- Ashford CCG
  - Adopted RightCare December 2014
  - Variation highlighted MSK referral rates
  - Designed and developed local protocols
  - Designed and implemented local triage
  - Reduced referrals by **30+%**!!!

Longevity of high value pathways – Pennine MSK

- Better integrated, higher value, better outcomes
- Clarity on data to focus on unwarranted variation
- Supports health economy sustainability
- Utilises a whole programme budget to drive

- Has stood the test of time and has proof of concept, e.g.
  - Adding children's services and trauma, e.g. fracture clinics and pain management
  - Oldham CCG beginning to use model for other areas of care, e.g. diabetes

The Forward View Challenge

Operational productivity

- Benchmarking
- Workforce productivity
- Approach to procurement
- Estates optimisation
- Leadership

Allocative efficiency & demand

RightCare

- Where to look
- What to change
- How to change

New Models of Care

Vanguard programmes:

- Integrated Primary & Acute Care Systems (PACS)
- Multi-speciality Community Providers (MCP)
- Enhanced Health in Care Homes
- Urgent and Emergency Care
- Acute Care Collaboration

Finance input:

- Business models
- Pricing & payment mechanisms
- Procurement & contracting support
- Cross-sector collaboration