NHS RightCare

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Aim of presentation

- To outline an approach used in the NHS to improve outcomes and make better use of limited budgets.

- To enable attendees to consider how the principles of this approach could be applied to their own Departments

Triple value - Allocative, Technical, Personal

- The process helps commissioners focus on allocative efficiency as well as technical efficiency – ***doing the right things as well as doing things right*** hence ***RightCare***

- By offering true shared decision making patients can make the best decisions for themselves – this supports patient value

NHS RightCare is based around disease groups

1. Infectious Diseases
2. Cancers & Tumours
3. Blood Disorders
4. Diabetes
5. Mental Health
6. Learning Disability
7. Neurological
8. Eye/Vision
9. Hearing
10. Heart
11. Respiratory
12. Dental
13. Gastro Intestinal
14. Skin
15. Musculoskeletal
16. Trauma & Injuries
17. Genitourinary
18. Maternity
19. Neonates
20. Poisoning
21. Healthy Individuals
22. Social Care Needs
23. Other Conditions

Which do you think is the highest spending disease group?

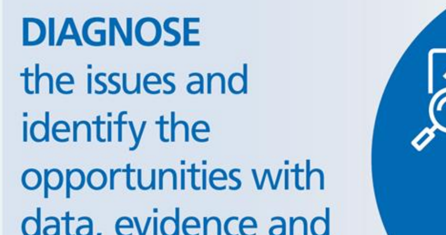
National Expenditure by disease group (£bn) 2012/13

	Programme budgeting category	Total gross expenditure
05	Mental health disorders	11.28
10	Problems of circulation	6.90
02	Cancers and tumours	5.68
15	Problems of the musculoskeletal system	5.34
17	Problems of the genito urinary system	4.78
13	Problems of the gastro intestinal system	4.76
11	Problems of the respiratory system	4.69
07	Neurological	4.44
16	Problems due to trauma and injuries	3.72
12	Dental problems	3.58
18	Maternity and reproductive health	3.50
22	Social care needs	3.34
04	Endocrine, nutritional and metabolic problems	3.06
08	Problems of vision	2.30
14	Problems of the skin	2.10
21	Healthy individuals	1.82
06	Problems of learning disability	1.58
01	Infectious diseases	1.55
03	Disorders of blood	1.15
19	Conditions of neonates	0.99
20	Adverse effects and poisoning	0.98
09	Problems of hearing	0.46
23	Other	16.77
	Total expenditure	94.78

In London, over a third of spend is on just 5 disease groups – Mental Health, Gastro Intestinal, Respiratory, Maternity and Musculoskeletal

12.Dental problems, £4,009,600
19.Conditions of neonates, £39,332,423
09.Problems of hearing, £45,196,658
21.Healthy individuals,
01.Infectious diseases, £102,593,554
03.Disorders of blood, £116,112,617
20.Adverse effects and poisoning, £117,027,323
06.Problems of learning disability, £144,525,943
22.Social care needs, £200,140,217
14.Problems of the skin, £252,653,129
08.Problems of vision, £255,278,484
16.Problems due to trauma and injuries, £386,808,451
02.Cancers and tumours, £393,073,514
07.Neurological, £393,408,619
04.Endocrine, nutritional and metabolic problems, £396,855,642
17.Problems of the genito urinary system, £545,363,139
10.Problems of circulation, £585,086,369
15.Problems of the musculoskeletal system, £619,616,875
18.Maternity and reproductive health, £624,734,236
11.Problems of the respiratory system, £645,501,491
13.Problems of the gastro intestinal system, £678,357,850
05.Mental health disorders, £1,434,091,798
23.Other, £3,332,233,803

Simple three step approach to delivery



DEVELOP
solutions, guidance and innovation

DELIVER
improvements for patients, populations and systems

Every area (CCG) has a ‘Where to Look?’ pack showing their biggest opportunities to improve spend and quality. Plus, some very detailed tools to drill down

Public Health England

NHS RightCare

Commissioning for Value Where to Look pack

January 2017

OFFICIAL

Gateway ref: 06345

In this area, more people die prematurely than in similar areas of England. Over 100 lives per year could be saved from cancer alone

What are the potential lives saved per year?

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A value is only shown where the opportunity is statistically significant at the 95% confidence level

If this CCG performed at the average of:

Similar 10 CCGs
Best 5 of similar 10 CCGs

Cancer
70
49
Neurological
Circulation
59
Respiratory
51
17
Gastrointestinal
42
12
Trauma and Injuries
58
19

0
20
40
60
80
100
120
140

Total Potential Lives Saved

The mortality data presented above uses Primary Care Mortality Database (PCMD) and is from 2012 to 2014. The potential lives saved opportunities are calculated on a yearly basis and are only shown where statistically significant. Lives saved only includes programmes where mortality outcomes have been considered appropria te.

In this area, £2-3m could be saved every year in each of the main programmes if they had the lower emergency admission rate of some of their peers.

How different are we on spend on non-elective admissions?

NHS RightCare

A value is only shown where the opportunity is statistically significant at the 95% confidence level

If this CCG performed at the average of:

Similar 10 CCGs | Best 5 of similar 10 CCGs

Programme	Similar 10 CCGs	Best 5 of similar 10 CCGs
Cancer		400
Endocrine, nutritional & metabolic	276	170
Neurological	1,047	1,311
Circulation	1,665	1,413
Respiratory	1,451	2,265
Gastrointestinal	1,993	1,246
Musculoskeletal		449
Trauma and Injuries	1,317	1,040
Genitourinary	280	1,008

0 500 1,000 1,500 2,000 2,500 3,000 3,500 4,000

Total Difference (£000s)

The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack breaks this down by different types of Pain. CCGs should consider whether these admissions should be considered alongside other programmes e.g. CVD, Gastrointestinal, Musculoskeletal problems.

Are the patients in this area getting good care and is the tax payer getting good value for money?

Heart disease pathway

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= 95% confidence intervals

Better
Worse
Needs local interpretation

20%
0%
% difference from Similar 10 CCGs

CHD prevalence 2015/16
Hypertension prevalence, 18+ 2015/16
Reported to estimated prevalence of CHD 2015/16
Reported to estimated prevalence of hypertension 2015/16
Smoking prevalence, 18+ 2015/16
Obesity prevalence, 16+
% CHD patients whose BP < 150/90 2015/16
% CHD patients cholesterol < 5 mmol/l 2013/14
% hypertension patients whose BP < 150/90
Primary care prescribing spend
Elective spend 2015/16
Non-elective spend 2015/16
<75 Mortality from CHD 2012-14
<75 Mortality from acute MI

athways on: Hypertension, Cardiovascular Disease and Smo

pathways.nice.org.uk/

Toolkit:

www.nottingham.ac.u

aspx

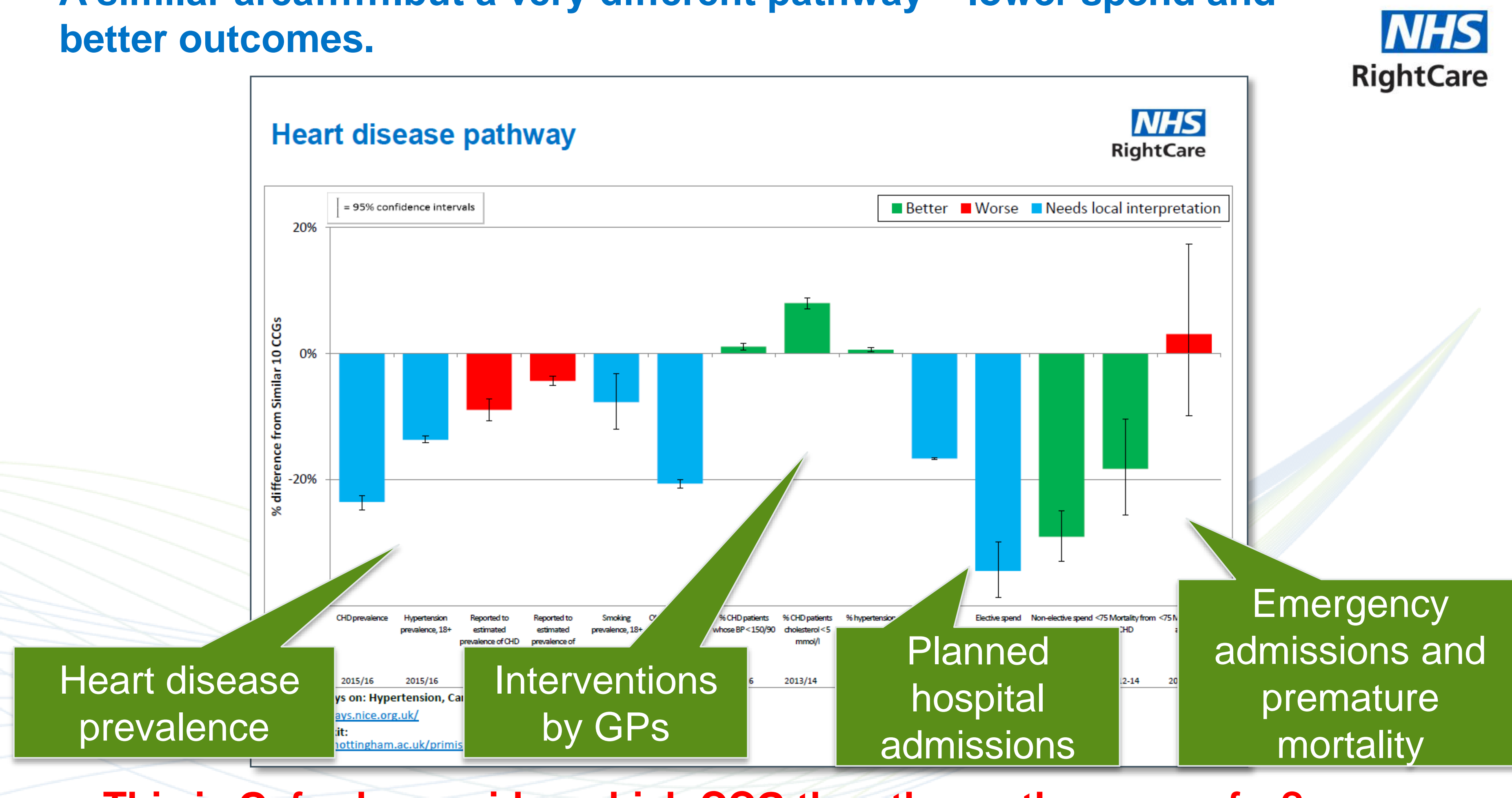
Heart disease prevalence

Interventions by GPs

Planned hospital admissions

Emergency admissions and premature mortality

A similar area…….but a very different pathway – lower spend and better outcomes.



This is Oxford – any idea which CCG the other pathway was for?

Diabetes – Comparison between sub optimal and optimal care

Sub Optimal Care

At age 45, after 2 years of increased urinary frequency and loss of energy, Paul goes to his GP.

The GP performs tests, confirms diabetes and seeks to manage with diet, exercise and pills. This leads to 6 visits to practice nurse and 6 lab tests per year. Paul is unsure how to manage his diet.

At 50 Paul is still drinking and his left leg is beginning to hurt. He has been prescribed insulin and the GP now refers him for outpatient diabetic and vascular support.

At 52 he has to have leg amputated and has renal plus heart problems. His vision is deteriorating

Cost of this care = £49,000

Diabetes – Comparison between sub optimal and optimal care

NHS RightCare

The NHS Health Check identifies Paul's condition one year earlier at 44 and case management begins.

Paul is referred to specialist clinics for advice on diet and exercise and has this refreshed every 2 years. He's referred to stop smoking clinic and quits. Paul has care plan and optimal medication and retinopathy begins early.

He is supported in self management by Desmond Programme and diabetes support group

Cost of right care = £9,000 and keeps Paul well

(Cost of sub optimal care = £49,000)

Further information

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