The RightCare journey

From cottage to national industry

September 2016

Meet Paul Adams

Why act: Patient case study – Long Term Conditions

Paul Adams is a typical patient in a typical CCG. The following story is seen across the country in many long term condition pathways. Journey one tells of a standard care pathway. Journey two tells of a pathway that has been commissioned for value.

Journey One

- At the age of 45, and 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 the practice nurse and 6 laboratory tests per year
- Paul knows that he is supposed to manage his diet better but is not sure how to do this and does not want to keep bothering the GP and the practice nurse
- By the age of 50, Paul has given up smoking but continues to drink. His left leg is beginning to hurt. His GP prescribed insulin a year ago and now refers him for outpatient diabetic and vascular support
- At 52, Paul's condition has deteriorated further. He has to have his leg amputated and he now has renal and heart problems. His vision is also deteriorating rapidly. He is a classic complex care patient.

This version of Paul's patient journey costs £49,000 at 2014/15 prices…

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Why act: Patient case study – Long Term Conditions

If Paul Adam's CCG had adopted Commissioning for Value principles and reformed their diabetes and other long term conditions pathways, what might Paul's patient journey have looked like?

Journey Two

- The NHS Health Check identifies Paul's condition one year earlier, at the age of 44 and case management begins…
- Paul is referred to specialist clinics for advice on diet and exercise and he has this refreshed every 2 years. He is also referred to a stop smoking clinic and successfully quits
- Paul has a care plan and optimal medication and retinopathy screening begins 18 months earlier
- He is supported in his self management via the Desmond Programme and a local Diabetes Patient Support Group

Journey One cost £49k and managed Paul's deterioration

Journey Two costs £9k and keeps Paul well

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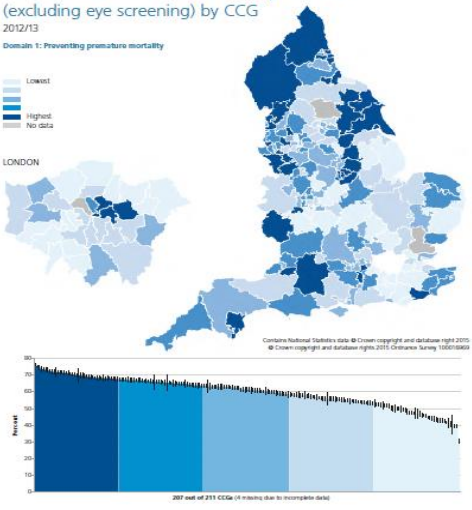
CARDIOVASCULAR FAMILY OF DISEASES: DIABETES

Map 30: Percentage of people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes who received NICE-recommended care processes (excluding eye screening) by CCG

2012/13

Domain 1: Preventing premature mortality

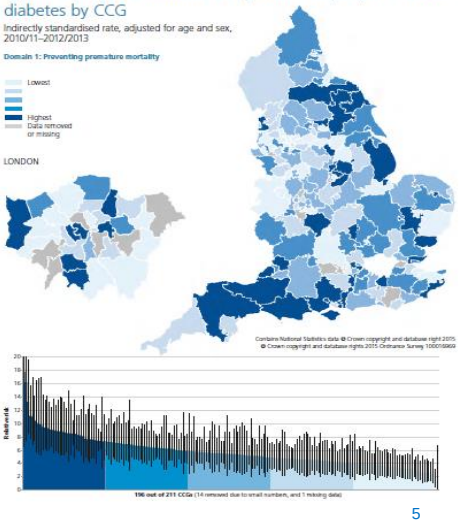


CARDIOVASCULAR FAMILY OF DISEASES: DIABETES

Map 35: Relative risk of major lower limb amputation among people in the National Diabetes Audit (NDA) with Type 1 and Type 2 diabetes compared with people without diabetes by CCG

Indirectly standardised rate, adjusted for age and sex, 2010/11–2012/2013

Domain 1: Preventing premature mortality



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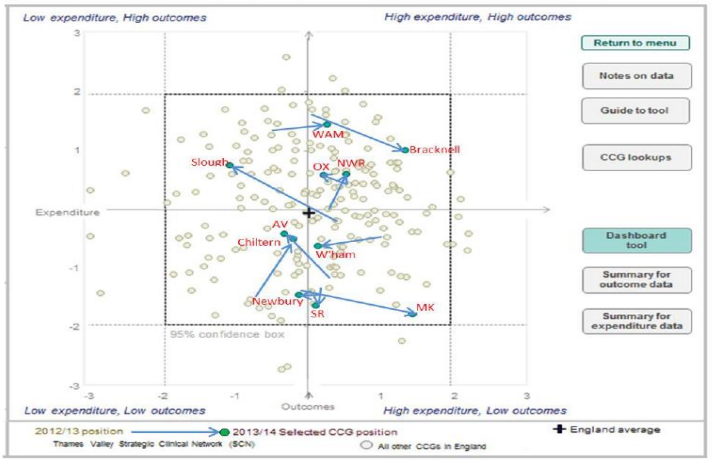
Outcomes Versus Expenditure (DOVE) Tool - Diabetes quadrant chart 2013/14



Data:

Total spend on diabetes prescribing compared to people with diabetes with a HbA1c of 59mmol/mol or less in the TVSCN area

The beginning

The first Atlas of Variation (2009) – destabilised complacency by highlighting huge and unwarranted variation in:

- Access
- Quality
- Outcome
- Value

Also revealed two other problems:

Overuse – leading to

- Waste
- Patient harm (even when the quality of care is high)

Underuse – leading to

- Failure to prevent disease
- Inequity

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Generics of improving population healthcare

Objective	Maximise Value			
Principles	Get everyone talking about same stuff	Talk about fix and future	Demonstrate viability	Isolate reasons for non-delivery

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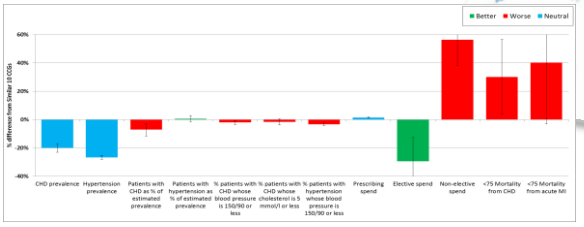
The NHS RightCare Roll-out

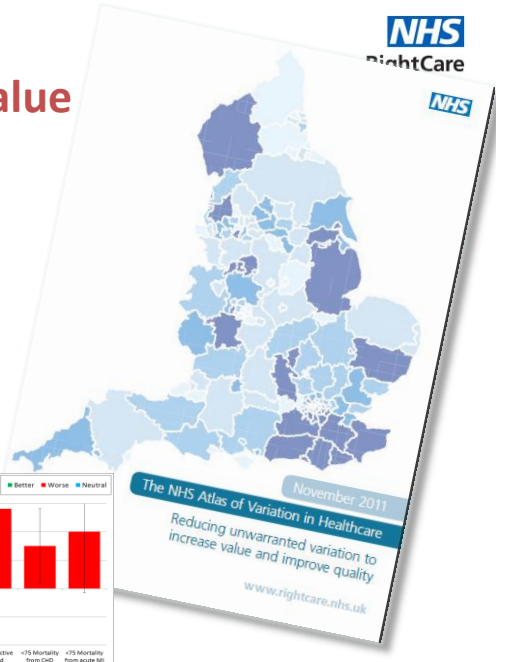
- 10 RightCare Delivery Partners, supporting CCGs/ LHEs to adopt and embed the RightCare approach
  - 65 Wave One CCGs (March 2016)
- 10 more RC Delivery Partners -
  - 144 Wave Two CCGs (December 2016)

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





Phase 1: Where to Look - Commissioning for Value

Headline opportunity areas for your health economy

Spend & Outcomes	Outcomes	Spend
Respiratory	Maternity	Musculoskeletal
Cancer	Gastro-intestinal	Circulation
Gastro-intestinal	Respiratory	Respiratory
Mental Health	Cancer	Cancer
	Mental Health	Neurological

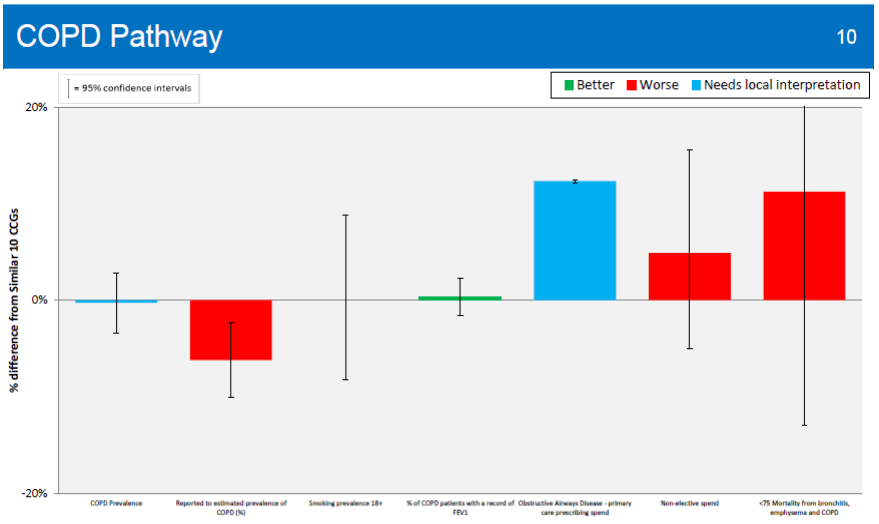
A note on the methodology used to calculate your headline opportunities is available on our website:
https://www.england.nhs.uk/comm-for-value/

NHS Chorley and South Ribble CCG

Public Health England

RightCare

NHS England



NICE Guidance:
http://pathways.nice.org.uk/pathways/chronic-obstructive-pulmonary-disease
NHS RightCare CFV Respiratory focus pack

NHS Chorley and South Ribble CCG

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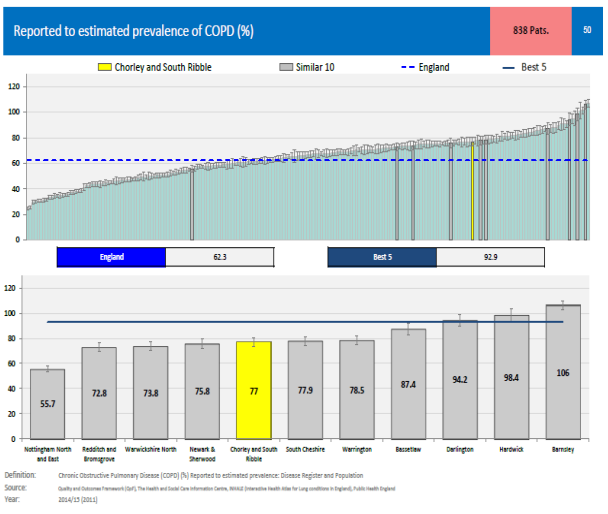
This LHE could do better at case finding – 838 more COPD patients could be added to GP registers and managed in primary and community care to help prevent unnecessary admissions and save money.



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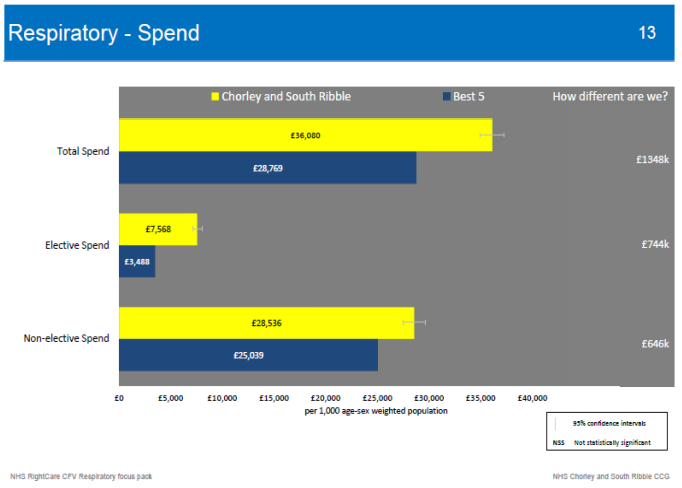
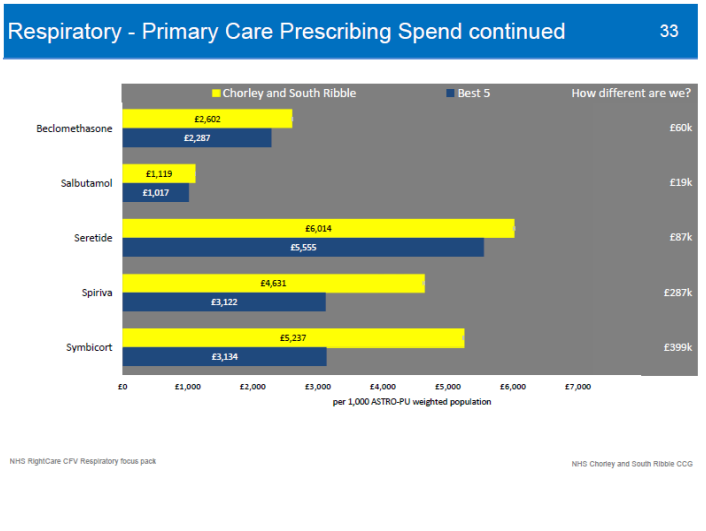
Chorley and South Ribble CCG spend over £1.3 million more on Respiratory admissions than the best five similar CCGs.



www.england.nhs.uk

Spend on one drug (Symbicort) prescribed in primary care is £400k higher than the lowest five similar CCGs.



Complex Patients - Co-morbidities

NHS Chorley and South Ribble CCG

Of the 185 patients admitted for Gastro intestinal, 53 patients were admitted for a Genito Urinary condition and 49 patients were admitted for a Respiratory condition.

*For more details on how to interpret the following table, please refer to the last slide of this pack "Complex Patients - How to interpret co-morbidities table"

Main conditions	Co-morbidity 1	Co-morbidity 2	Co-morbidity 3	Co-morbidity 4	Co-morbidity 5
Gastro intestinal	Genito Urinary	Respiratory	Neurological	Cancer	Circulation
185 patients	53	49	52	45	43
Circulation	Respiratory	Neurological	Gastro intestinal	Genito Urinary	Cancer
186 patients	46	45	43	33	22
Respiratory	Gastro intestinal	Circulation	Neurological	Genito Urinary	Cancer
162 patients	49	46	45	31	27
Neurological	Gastro intestinal	Circulation	Genito Urinary	Respiratory	Cancer
150 patients	52	45	44	45	30
Cancer	Gastro intestinal	Neurological	Respiratory	Infectious diseases	Genito Urinary
126 patients	45	30	27	26	21

Public Health England RightCare NHS England

Helps health economies to tick lots of boxes within same effort – Blackpool & Fylde CCGs

NHS RightCare

- Advanced paramedic project significantly reduced frequent calling and delivered -
  - Quick win (89% reduction in targeted 999s, 98% reduction in self-harm incidences)
  - Parity of Esteem & patient empowerment
  - Integrated Care/ multi-agency working
  - Care planning & Long Term Conditions management & care closer to home
  - Demand management
  - Reduced pressure on urgent care
  - Immediate and growing saving (£2.7m)
  - Next steps – frequent callers 51-100, Practice frequent users, … next top 50
  - Police developing own bespoke version, Social Care?

Commissioning for Value evolution

- Atlas of Variation (Diagnostics coming soon)
- CfV Insight packs
- CfV Focus packs
- CfV system and condition packs (MH and LTC coming soon)

- Case studies
- Case scenarios
- How to guides (coming soon)
- Quick Win guides (coming soon)
- Optimal Value Pathways (CVD prevention and more to come)

Imagine

- Adding social care data to Commissioning for Value
  - Social housing and health
  - Healthcare education in schools and child health
  - Primary prevention
  - Public transport infrastructure (access)
  - Welfare and access to healthcare education/ support
  - Targeting support to the vulnerable elderly

And why does it matter?

Population healthcare: The variation between standard and optimal pathways

Janet's story: Frailty

August 2016

Janet's story: Journey 1

- Janet is 84 - a retired teacher living with her 85 year-old husband Arthur
- On a Friday evening, Janet falls. Arthur calls 999. Janet is taken to A&E
- She is given a hip x-ray. There is no fracture but blood and urine tests show UTI and dehydration, so she is admitted to an acute medical ward
- The next day (Saturday) she is moved to a general medical ward
- After the weekend, Janet is assessed as having postural hypotension
- **In 2014/15 there were 2,154 serious falls (per 100k population) in the average CCG**
- Due to a lack of available beds in the community, Janet is moved to a winter escalation ward in the hospital. She falls again in the ward. As a result she is no longer fit for rehabilitation and requires a care package
- This is put in place almost three weeks after admittance and she is finally discharged.
- **10 days in a hospital bed leads to the equivalent of 10 years of ageing in the muscles for people over 80**
- Seven months later, Janet falls again and, after discharge from hospital, goes into a care home. After rapid deterioration and another fall, she returns to acute care and after 10 days on the intensive care ward, she passes away aged 85.

This version of Janet's journey costs £35k at 2015/16 prices

Janet's story: Journey 2

- Janet's journey begins four years earlier when, aged 80, she and Arthur are visited by the Fire Service. As well as helping with fire prevention, they conduct a gait speed test on Janet and Arthur and deem Janet to show early signs of frailty. They provide her with the Practical Guide to Healthy Ageing and put her in contact with a local charity that runs exercise classes for the over 80s which Janet enjoys.
- Five years on she remains well and engaged in the local community but is beginning to feel frail. She visits her GP who diagnoses moderate frailty and refers the system-wide multi-disciplinary team to her. The team assess her needs, make her home 'frailty-friendly', optimise her medication and engage her in the local Memory Service. This culminates in a jointly agreed personalised frailty and dementia care plan.
- Two years later, aged 87, Janet falls. The out of hours GP visits, armed with her care plan and aware of her personal preferences. Via discussion with Janet, Arthur and – by phone – the on-call case management team leader, they agree how to manage the situation, without recourse to A&E or a hospital bed. Instead the new Community Geriatric Rapid Access Clinic is used.
- A year later, Janet falls again and this time does have a hospital stay but returns home quickly, with a support package. 11 months on, aged 89, Janet passes away.

Journey 1 cost £35k

Journey 2 cares for Janet much better and costs only £19k

NHS RightCare

For further information -

- ***Email RightCare***
- ***rightcare@nhs.net***

- ***Twitter:***
- ***@matthew_cripps1***

- ***Visit RightCare:***
- ***http://www.rightcare.nhs.uk/***