

## Hardwick CCG

### **From Commissioning for Value Insights to delivery in seven months**

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## The setting

NHS Hardwick CCG.

## The situation or problem

Prior to the establishment of NHS Hardwick CCG it had been recognised that respiratory care and in particular COPD prevention, management and care for the local population required improvement. Over a period of 2 years a COPD Delivery Group had started to make some changes to COPD care. Initiatives they had delivered included the development of templates for GPs to code COPD in primary care, self-management plans, education and structured disease management.

In November 2013 the CCG adopted the Right Care methodology and brought together all relevant local agencies (including neighbouring CCGs, voluntary, primary and secondary care organisations) at a COPD event. In preparation for this event the CCG obtained a Commissioning for Value Insight Pack which indicated that respiratory was an area showing opportunity for improvement. Prior to this date, the CCG hadn't utilised Commissioning for Value packs to inform service improvement opportunities, or commissioning intentions.

## What action was taken?

Hardwick CCG used the Commissioning for Value Insight Pack as the catalyst for enhancing its commissioning approach, making it soundly based on evidence and with a clear emphasis on outcomes. This involved using the three-stage Right Care methodology (Where to look, What to change, How to change) supported by a designated leadership team.

## Where to Look

The data analysis included in the Commissioning for Value Insight Pack demonstrated that Hardwick CCG had the following issues related to respiratory conditions (as measured against the 10 most similar CCGs)

- High prevalence of diagnosed COPD (2.72%, 10/11) (This is, in part, likely to be a legacy of the local coal mining industry and the high prevalence of smokers)
- High prevalence of smoking (4471 quitters at 4 weeks per 100,000, 9/11)
- High numbers of total admissions to 2<sup>o</sup> care (19.5 per 1000, 8/11)
- High costs of total admissions to 2<sup>o</sup> care associated with respiratory conditions (£32,238 per 1000, 8/11)
- High costs of emergency admissions associated with respiratory conditions (£27,417 per 1000 across 2<sup>o</sup> care, 8/11)
- High costs of elective (in-patient and day-case) admissions associated with respiratory conditions (£4,797 per 1000 across 2<sup>o</sup> care, 9/11)
- High mortality from bronchitis and emphysema and COPD in <75s (DSR = 14.4/100,000, 8/11)

The Insight pack indicated the following potential opportunities in the area of respiratory disease:

- 5 lives saved per year
- £154,000 savings on elective admissions
- £648,000 savings on non-elective admissions
- £82,000 savings on prescribing

Disease Area & Spend £000	FHS prescribing	Elective & day-case adms	Non-elective adms	total per disease area
Respiratory 2014	£ 82.000	£ 154.000	£ 648.000	£ 884.000
	Drivers of Spend and Quality		No. of patients, adms, bed days, etc	
	COPD prevalence		794	
	Asthma prevalence		377	
	Non-elective admissions		352	
	Elective and day-case admissions		204	
	Quality		No. of patients, life-years, referrals, etc.	
	Mortality from bronchitis, emphysema and COPD under 75 yrs		5	

## What to Change

In response to the information provided in the Commissioning for Value Insight Pack NHS Hardwick CCG commissioned the Greater East Midlands CSU (GEM) to undertake a deep dive in the respiratory area.

The deep dive process brings together a range of nationally held data on spend, drivers of spend and quality/outcomes, local and soft intelligence and national evidence on “what works where”.

Local intelligence showed that the CCG also had the following issues relating to COPD:

- High numbers (3.4%, n= 3800) of undiagnosed COPD in Hardwick CCG population
- COPD spend per head of Hardwick CCG population at £15.36 was £2.33 above the Derbyshire average
- Standardised Admission Rate (SAR) for COPD was 131 (2012-2013). SAR for male patients was 150.
- An audit of care recorded on NHS Hardwick’s primary care systems indicated poor coding and sub-optimal COPD care to diagnose, manage, rehabilitate and prevent exacerbation
- There were coding issues in secondary care

## How to Change

The outcome of the deep dive process proposed the following:

1. There should be more robust engagement with partners and service users, to ensure locally owned plans
2. There were opportunities to improve respiratory services by redesigning care pathways
3. The CCG should consider an intense coordinated programme of change with a focus on respiratory disease

## What happened as a result?

The COPD Delivery Group was refreshed and extended its remit to the area of Respiratory Disease. The Hardwick CCG Respiratory Delivery Group became a Commissioning for Value project group with the aim of increasing value in respiratory services for the population of Hardwick CCG and its neighbouring areas, by first identifying areas where there is unwarranted variation in the total care pathway. The group objectives include:

- To facilitate the interpretation of the deep dive indicative data into meaningful evidential data as a sound basis for service transformation
- To facilitate evidence-based improvement and innovation within the total care pathway to identify and reduce unwarranted variation
- To review the performance of existing and new service delivery initiatives to ensure value utilising quality indicators.
- To maintain a respiratory evidence / learning outcomes file for sharing

By sharing the findings of the Commissioning for Value Insight pack and the results of the deep dive with all stakeholders, a common narrative was crafted to express the purpose of the work, leading to improved engagement with internal and external agencies including secondary care, primary care, community services, GPs, neighbouring CCG (north Derbyshire), community respiratory team, specialist nurses, Breathe Easy (British Lung Foundation), Respiratory Consultant, Medicines Management, Contracting, Patient Representatives. The output from the Commissioning for Value pack then also enabled people to focus their attention on the key issues.

The improvements made to date include:

- An agreed COPD pathway which can be measured and monitored
- Nebulisers for practices to appropriately manage exacerbations
- National COPD audit for primary care – CCG representative
- Improvements to self-management and the organisation of local Breathe Easy Groups
- A significant return on investment and the release of funding

In just seven months and in this one pathway 2013/14 there was a 30% reduction in emergency admissions (n=113) and the QIPP target for 2013/2014 which was set at £50,000 was exceeded, at an estimated £169,500 (based on average £1,500 per admission). The approach is now being rolled out to other pathways and conditions.

## What was the learning as a result of this experience?

- Right care methodology works and is transferable
- Significant resources can be released
- Right care methodology led to improved engagement with internal and external agencies
- CCG leadership and focus on specific disease groups is essential
- Engagement of all stakeholders in a system of care is required
- Using the Right care tools, Atlas & Commissioning for Value packs helps to create the narrative for all stakeholders to improve the health of the population, not only those patients known to the service

### **Right Care Resource Centre**

**Right Care has a new resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:**

- Online learning videos
- “how to” guides
- Theme based Webinars
- Casebooks showing learning from early adopters
- Essential reading lists and glossary
- Tried and tested process templates to support taking the approach forward

**[www.rightcare.nhs.uk/resourcecentre](http://www.rightcare.nhs.uk/resourcecentre)**