

## **‘Adopt, Improve or Defend’ - An AID for QIPP**

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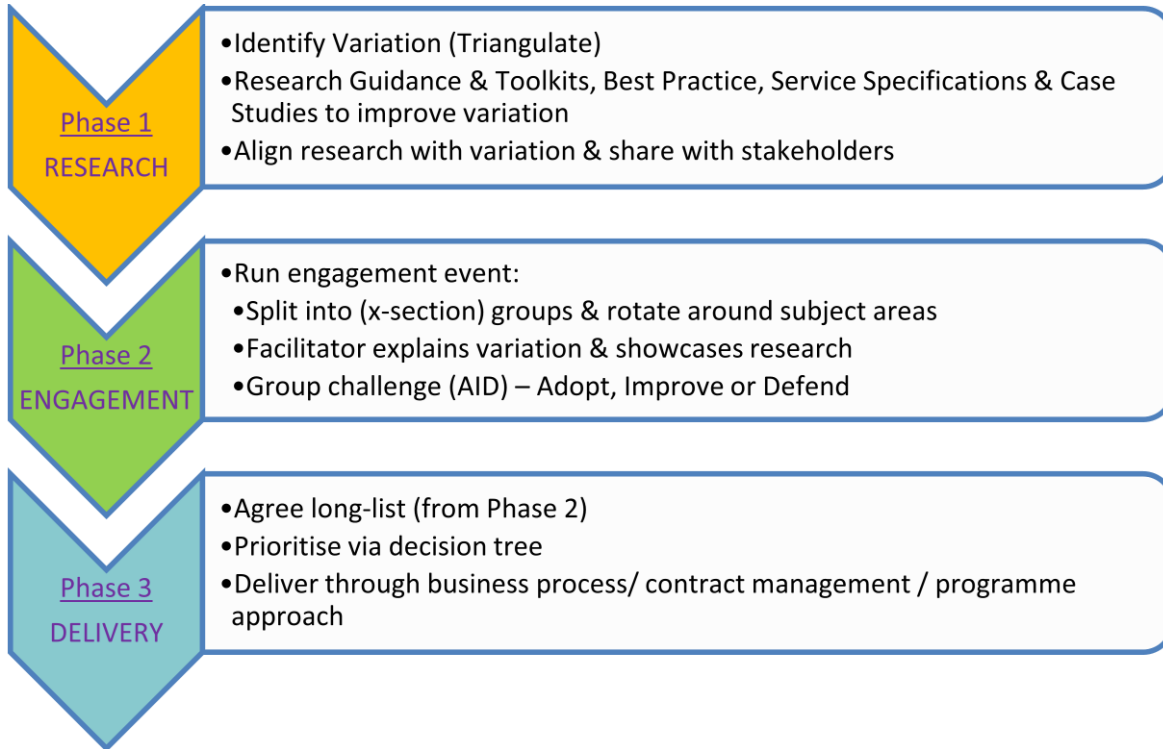


## Summary

Commissioners in Wigan have embedded a systematic approach to achieve challenging QIPP targets by identifying and addressing variations in local healthcare.

This has been achieved through a three-stage process developed in collaboration with Right Care:

**Figure 1: Engagement AID – The Right Care Process**



Savings of £18m were achieved in 2012-13 and potential savings of a similar magnitude have been identified for 2013-14. Circa 180 ideas to achieve the latter were generated through a structured event with strong clinical involvement. These are being put through a process of challenge using the 'AID' methodology:

- **Adopt** - implement the idea as presented
- **Improve** - adapt the idea
- **Defend** - reject the idea and retain the current position

Around 25 ideas have progressed to the delivery phase. Some have already been implemented, while others are in development. The intention is that the process becomes a sustainable programme, to support high-value commissioning on an on-going basis.

## Setting

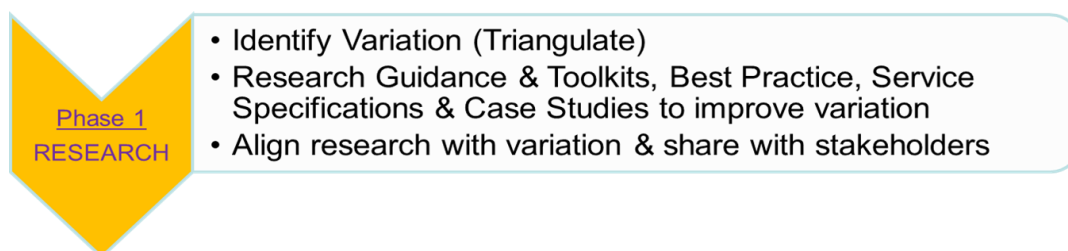
The project was initiated within Ashton, Leigh and Wigan Primary Care Trust, and is now continuing through Wigan Borough Clinical Commissioning Group.

## The situation or problem

As elsewhere, NHS finances in Wigan are under severe pressure - with a savings target of £18.2m in 2013-14 (4.3% of the £420m commissioning budget). Commissioners were aware of the positive impact of Right Care processes used by the neighbouring Warrington Health Consortium, to tackle a £25m deficit in 2011-12<sup>1</sup>.

The aim has been to adopt and develop this methodology, to achieve strong clinical engagement and a sustainable commissioning cycle.

## What action was taken?



Information was gathered from a wide range of sources to identify areas of care where Wigan was an outlier or under-performing. Research was conducted using the three-step Right Care approach<sup>2</sup>:

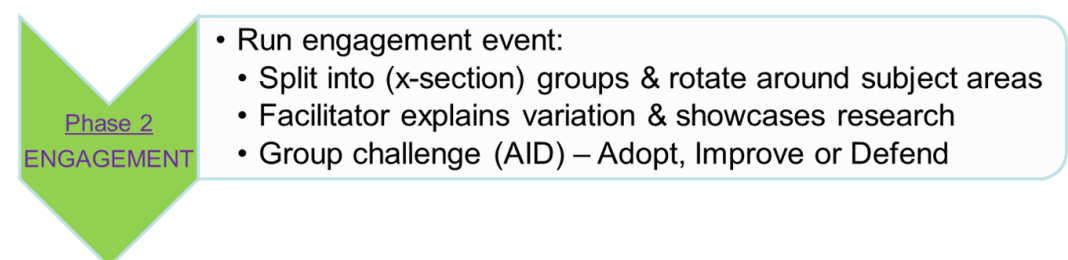
1. Where to Look
2. What to Change
3. How to Change

The process helped to highlight potential opportunities for improved quality and/or efficiency. Data sources used were:

- Right Care Atlases of Variation<sup>3</sup>
- NHS benchmarking<sup>4</sup>
- Better Care Better Value indicators
- Various health profiles
- Programme budgeting
- The Spending and Outcomes Tool (SPOT)<sup>5</sup>
- AQUA<sup>6</sup>
- Audit Commission reports
- NHS Comparators

The collated information was sent out to GPs and other invitees a month before a scheduled engagement event, encouraging participants to think in advance about specific schemes to address areas where Wigan is an outlier.

A SharePoint library of QIPP case studies was also created from various sources<sup>7</sup>, enabling all staff and GPs to look at best practice from elsewhere. The aim was to provide an 'Adopt, Improve or Defend' (AID) challenge to attendees: "If it can be done elsewhere, why not here?"



The engagement event was held in November 2012, managed by an external facilitator to differentiate it from other PCT initiatives. More than 100 people attended, including more than 40 GPs. The day was carefully structured to maintain a strategic approach and focused debate. The room was divided into themed tables, based on specific areas highlighted by the research phase:

- Scheduled care (musculoskeletal etc)
- Unscheduled care
- Cancer/end of life care
- Long term conditions (including diabetes)
- Respiratory/alcohol/falls
- Dementia/mental health
- Cardio-vascular

Each table had a facilitator and relevant supporting data. Delegates rotated through the day, so they had an opportunity to contribute across a range of areas - generating ideas and discussing those put forward by others.

## What happened as a result?

Phase 3  
DELIVERY

- Agree long-list (from Phase 2)
- Prioritise via decision tree
- Deliver through business process/ contract management / programme approach

The engagement event produced 187 possible actions. These have been fed into eight themed working groups with strong GP input and assigned management and financial leads, so that ideas worth pursuing can be developed into business cases within a programme management structure.

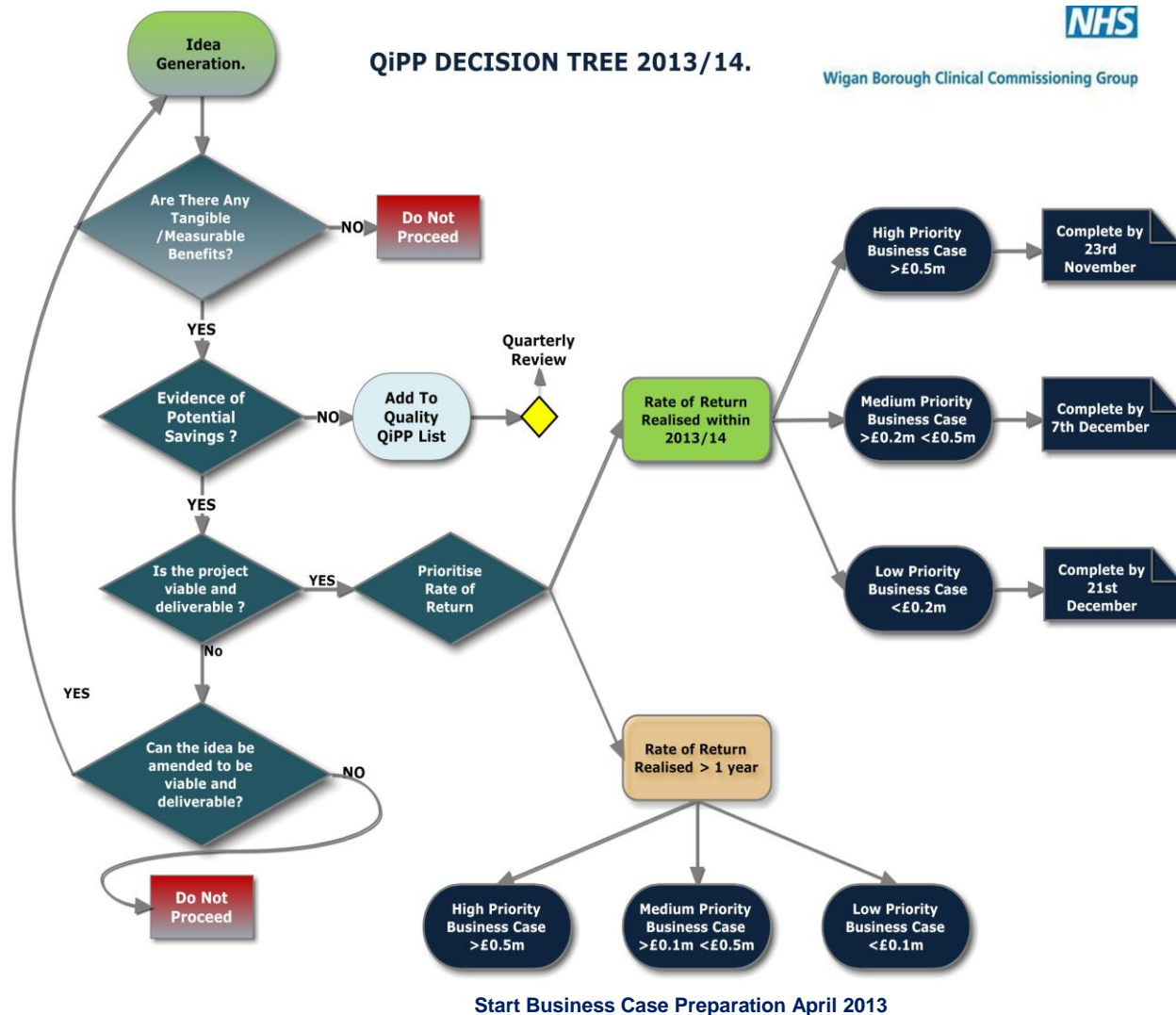
A key part of the process is the 'Adopt, Improve or Defend' principle (AID), where collective detailed scrutiny can assess whether ideas should be implemented as presented, adopted in a changed form, or set aside in favour of the status quo.

Around 25 ideas have reached the delivery stage. Several business cases are being produced each month and prioritised using a decision tree (see Figure 2). All are presented to the CCG's QIPP monitoring group chaired by a GP, where they face further AID challenge to ensure they are robust.

When combined, the individual targets assigned to each working group will contribute to the delivery of the CCG's overall £18.2m savings target for 2013-14. Schemes are being progressed at different speeds, according to their complexity. Some have been in place since April 2013, others involving care pathway changes are taking longer. As a result, work being done now will provide further QIPP benefits in 2014-15 and beyond.

Wigan is staging its second engagement event in November 2013, and other CCGs are interested in adopting a similar approach.

Figure 2: Wigan Borough CCG QIPP Decision Tree 2013-14



**An Idea into Action: Shared Decision-Making**

Following last year’s engagement event, Wigan Borough CCG has developed a business case to commission services in which patients are more actively involved in shared decision-making about their treatment and care.

Anticipated benefits are:

- Annual savings of £1.1m - £3.3m, through fewer referrals for elective surgery in favour of suitable alternatives
- Improved patient experience
- Fewer complaints and cases of litigation
- Reduced unwarranted clinical variation

**Any learning as a result of this experience**

- The engagement process ensures strong primary care ownership from the outset, but robust management is essential. Future events will have a stronger expert presence on each table to retain a focus on the wider health economy, rather than individual practice issues.
- Attempts to record ideas in a pre-set matrix (designed to capture details about possible timelines and achievable goals) proved impractical in the time available.

- There is a strong case for involving third sector organisations where appropriate (eg: charities with interests in care for the elderly or diabetes).
- The list of ideas generated needs to be collated and distributed promptly after the event, to ensure that the initial enthusiasm and impetus is not lost.
- Giving up a full day for the engagement event is a significant commitment for GPs, but it cannot realistically be done in a shorter time. Similarly, when GPs are involved in specific projects and working groups, their time has to be used wisely.
- Wigan Borough CCG has kept most staff in-house. This has helped with the continuity and sustainability of this project, and possibly means that Wigan is 18 months ahead of some other CCGs in its approach.

## References

1. NHS Atlas of Variation 2011, p217.
2. [www.rightcare.nhs.uk/downloads/Right\\_Care\\_Casebook\\_CfV\\_20092012.pdf](http://www.rightcare.nhs.uk/downloads/Right_Care_Casebook_CfV_20092012.pdf)
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