NHS RightCare scenario:
The variation between standard and optimal pathways

Paul’s story: Diabetes
Appendix: Summary slide pack

August 2014
Paul and the sub-optimal pathway

- Paul is 45, a bricklayer with a local employer. He is married to Wendy who is 42 and a barmaid. They have a 16 year old son called David
- Paul supports his local football club but doesn’t do too much exercise. He smokes 10 cigarettes a day and drinks around four pints of beer a day. He is overweight
- The family lives in a village where the only shop has limited food options
- Paul and Wendy’s GP works in a small practice, 17 miles away from the nearest district general hospital
- Paul’s journey starts when, prompted by Wendy, he sees his GP:
  - Two years of increased urinary frequency and loss of energy
  - GP performs tests and confirms diabetes
  - Initial management with diet, exercise, pills
  - Six visits per year to practice nurse
  - Six lab tests per year
Five years later…

- Paul is now 50. He has given up smoking but is still drinking and has not lost weight.
- His recreation is still watching football and going to the pub.
- He has been on insulin for a year.
- His left leg hurts (vascular problem).
- Paul is not walking far, not driving, and missing work.
- He has been referred to the hospital diabetes service and vascular surgeon – outpatients department at hospital.
- Wendy has to drive him there.
- David is at university.
Two years later…

- Paul is now 52. His leg suddenly goes white and painful and is amputated below the knee
- He has significant heart and renal complications
- His vision is deteriorating
- Paul loses his job, with little chance of retraining
- Applies for more suitable housing
- Wendy gives up her job
- David takes a year off university

This version of Paul’s journey costs £49k at 2014/15 prices
Paul’s story: What the CCG has done

- The local CCG has looked at the variation data in its NHS RightCare Commissioning for Value pack and identified diabetes as a key improvement priority.

- They have engaged the right people, designed an optimal pathway, identified what needed to change, built the case, taken the decisions and implemented the changes.

- What does Paul’s journey look like now?
Paul and the optimal pathway

- Paul is 45, a bricklayer with a local employer. He is married to Wendy who is 42 and a barmaid. They have a 16 year old son called David.
- Paul supports his local football club but doesn’t do too much exercise. He smokes 10 cigarettes a day and drinks around four pints of beer a day. He is overweight.
- An NHS Health Check identifies Paul’s condition at the end of year one. Case management begins.
- Use of specialist clinics for advice on diet and exercise (at a greater expense) and this is repeated every two years.
- Paul’s Care Plan / Medication / Retinopathy Screening is brought forward 18 months compared to Journey One.
- Self Management – through the Desmond Programme.
- Paul attends a Diabetes Patient Support Group, set up locally.

Journey one cost £49k and managed Paul’s deterioration.

Journey two costs £9k and keeps Paul well.
The NHS RightCare approach

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Ingredients

1. Clinical leadership
2. Indicative data
3. Engagement
4. Evidential data
5. Effective processes
Further information

For more information about Paul’s journey, NHS RightCare or long term conditions you can:

Read the full scenario


Email

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Visit

- https://www.england.nhs.uk/rightcare/

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