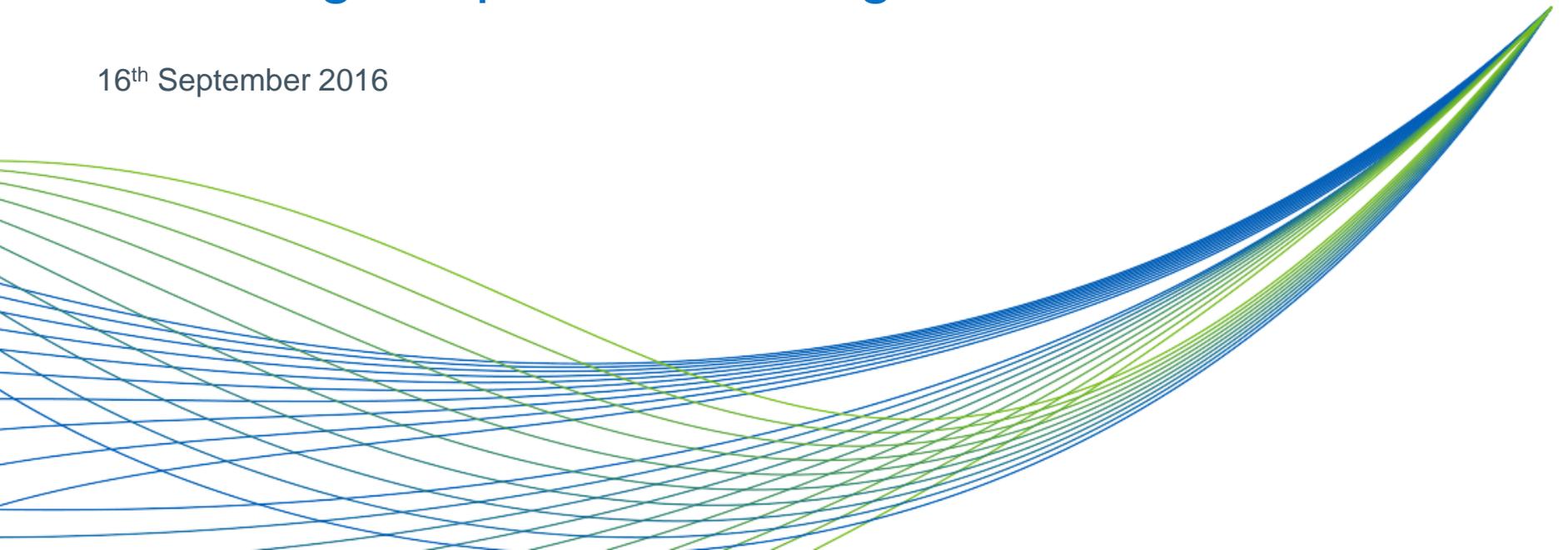# Benchmarking to reality

Realising the potential of RightCare & Carter

16th September 2016

NHS RightCare programme

- National programme to improve population health & outcomes

- Triple value, Allocative, Technical and Personal

- Lens of variation to identify improvement opportunities

- Benchmarked demographically similar peers

- Whole system end to end optimal pathways

- Shifting from lower to higher value

- Shared Decision Making - Closing the Perception Gap

Why population healthcare?

- Effectiveness, Archie Cochrane & RCT's
- Has drawbacks as a concept, +ve reporting bias.
- Productivity
- Efficiency, (also called cost-effectiveness) QALY DALY but not all cost effective treatments can be afforded.
- Each concept is necessary but not sufficient
- Quality may be high but deliver low value

Triple Value

Technical + Allocative + Personal

Technical Value

Are the right patients being seen or is there

harm & waste from

Over diagnosis
Over treatment
Ineffective care
Inequity
Underuse
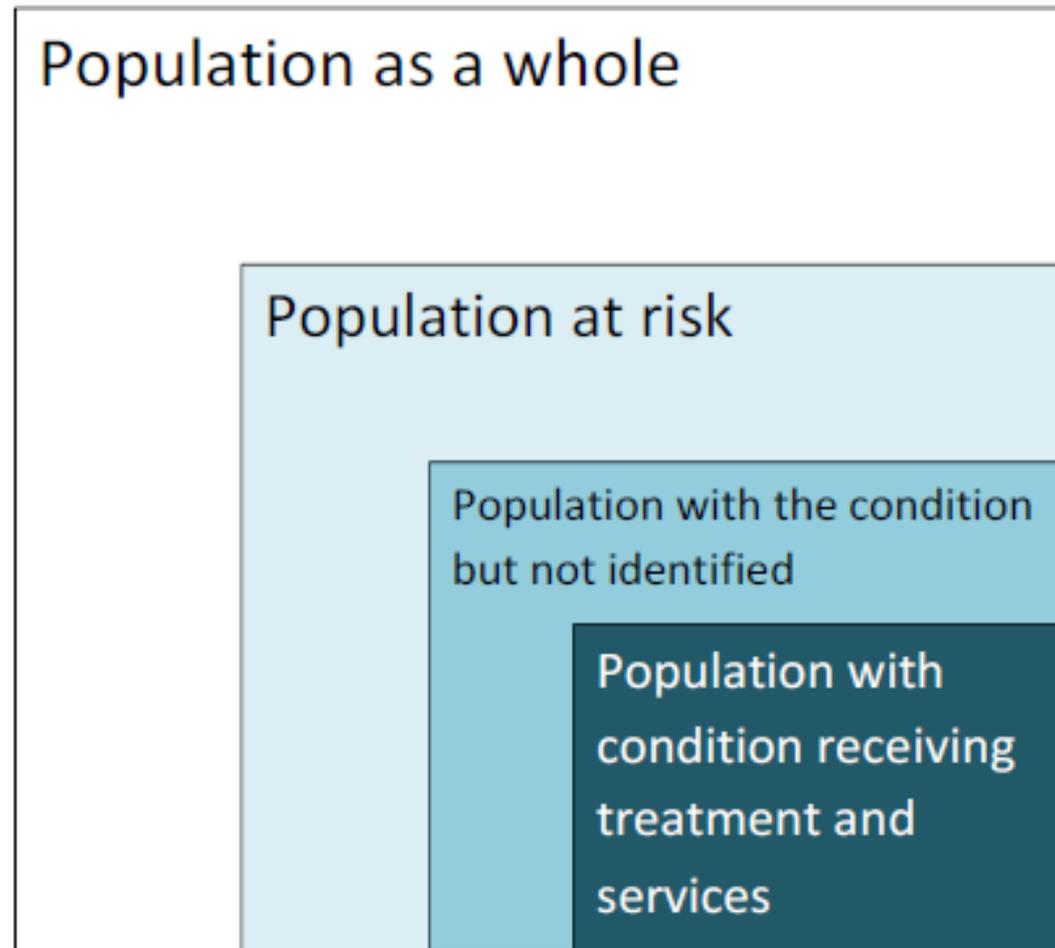
Efficiency

Outcomes/costs

v

Productivity

Outputs/Costs

Think about whole populations

Need to avoid the trap of improving value for those that use a service and ignoring those with a condition that don't use the service

Population as a whole

Population at risk

Population with the condition but not identified

Population with condition receiving treatment and services

The RightCare approach

1. RightCare is about **MAXIMISING VALUE**
   - *Personal value*
   - *Technical value*
   - *Allocative value*

2. It's about **USING VARIATION** to identify the biggest opportunities to maximise value
   - *Use the evidence we have*
   - *Spot variation compared to CCG demographic peers*
   - *Decide if the variation is warranted or unwarranted variation*

3. It's about a **ROBUST, STRUCTURED PROCESS** to deliver on those opportunities identified from unwarranted variation
   - *Ruthless prioritisation – do few things well, rather than many things badly*
   - *Proven process: Where to look; What to change; How to change*
   - *5 key ingredients - enablers for success*

RightCare & Carter – the similarities

- RightCare is helping commissioners go from benchmarks to delivery of benefits. Carter is starting to do something very similar on productivity

- Similar to the *Where to Look* phase of RightCare, but tailored to secondary care providers

- Supports thinking about what the optimal secondary care system may look like, similar to parts of RightCare's *What to Change* phase.

- However, Carter is behind Right Care in terms of developing its delivery model. It has now done the equivalent of RightCare's *Atlas of Variation* and as such is where RightCare was several years ago.

- The Carter team are working with RightCare to see what can be shared and adapted from RightCare to support Carter delivery

- How we make the two align will be key

Aligning RightCare & Carter

- Outputs from RightCare will include
  - new pathways, aligned to local need, defining the optimal system from primary prevention to end of life;
  - better management of secondary care demand to appropriate levels.

- But, consequence of this will include reducing the time spent by patients in secondary care and the volumes of people entering that part of the system.

- This will replace the pressure of too much activity with the new pressure of managing with less volume and, thereby, less income.

- The Carter programme can mitigate this by helping focus on opportunities for efficiency and productivity improvement.

…. and aligning with everything else

- Sustainability and Transformation planning
- Operational planning
- CCG Improvement and Assessment Framework
- New models of care / Vanguards
- NHS Constitutional Standards
- Social care planning and delivery
- Getting it Right First Time programme
- etc
- etc

Opportunities and risks……

- Emerging STP priorities may not align with CCGs population health information - eg location of care priorities vs population health priorities.

- Capacity for change - wider footprints increase the amount of engagement and buy-in needed.

- STPs enable systems to create change at scale that fits with patient flows but increased scale may lead to loss of clinical engagement.

- RightCare is a common improvement methodology – but is STP level transformation being managed differently?

- Joint STP working can help unblock issues but RightCare may surface issues around income, capacity and configuration.

- System commitment to change – STPs can help create a new mind set to operate and be successful as a system.

Benchmarking to reality: Realising the potential of RightCare & Carter

- **Group discussion on the opportunities and risks of bringing them together:**

  o Are the system levers going to be adequate to address sustainability in your STP?

  o What would be the cost impact on trusts if primary care was successful at reducing frail elderly admissions?

  o Can Carter balance any downsizing that RightCare is suggesting to balance the books?

  o What more needs to be done to realise the full potential (in your STP or in your view)?

NHS
RightCare

i For more information and support about how to use the NHS RightCare approach to get best value for your population, go to www.rightcare.nhs.uk or email us at rightcare@nhs.net

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NHS RightCare is a programme of NHS England