

# STP area CfV

## Where to Look packs

What are the opportunities?

Dr Bruce Pollington

Steve Sparks

Feb 2017



# NHS RightCare and Getting it Right First Time (GIRFT)

NHS RightCare CfV supports improvement across whole systems by focusing on pathways of care from primary prevention to end of life care.

GIRFT provides detailed insight into variation in the acute system in a way that has not been available before.

The combination provide collective insight into clinical improvement opportunities across the health care system including the coordination of the reallocation of capacity.

# 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

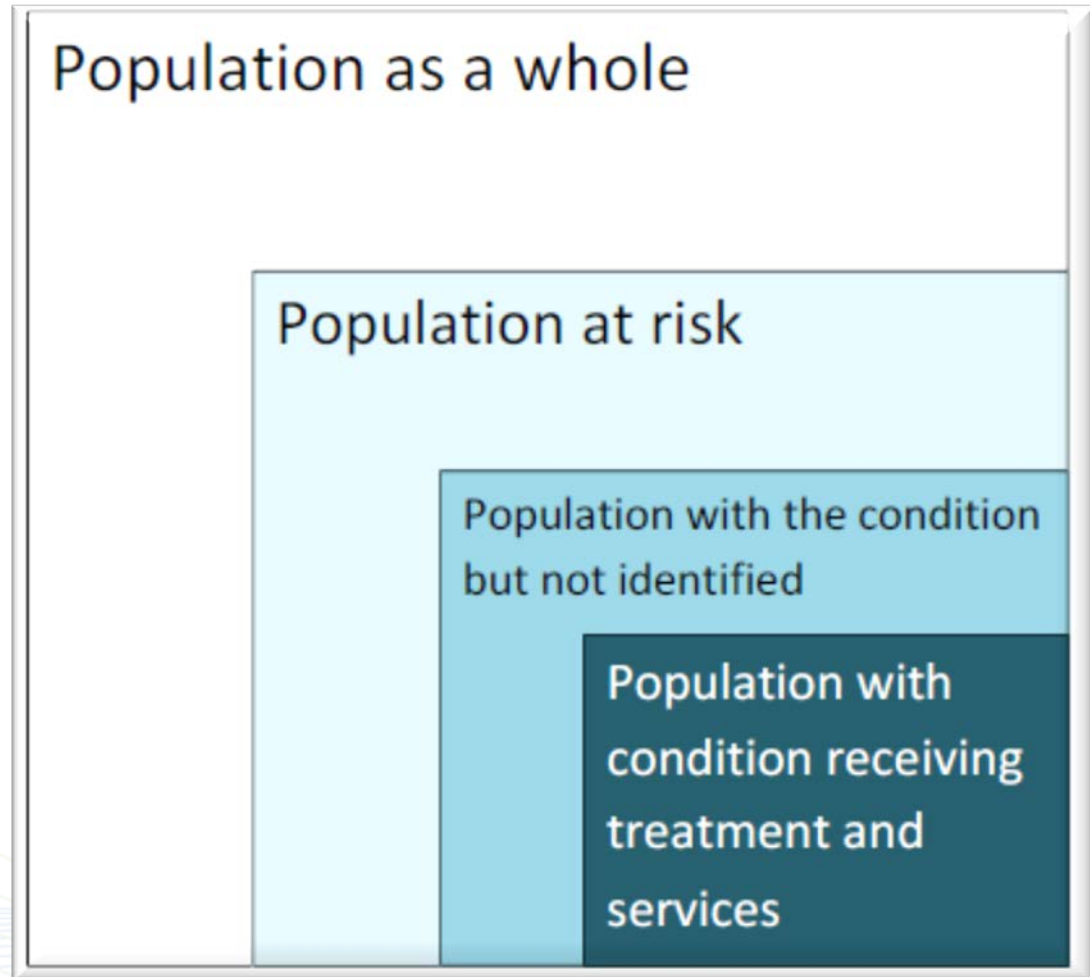
Outcomes/Costs

### Productivity

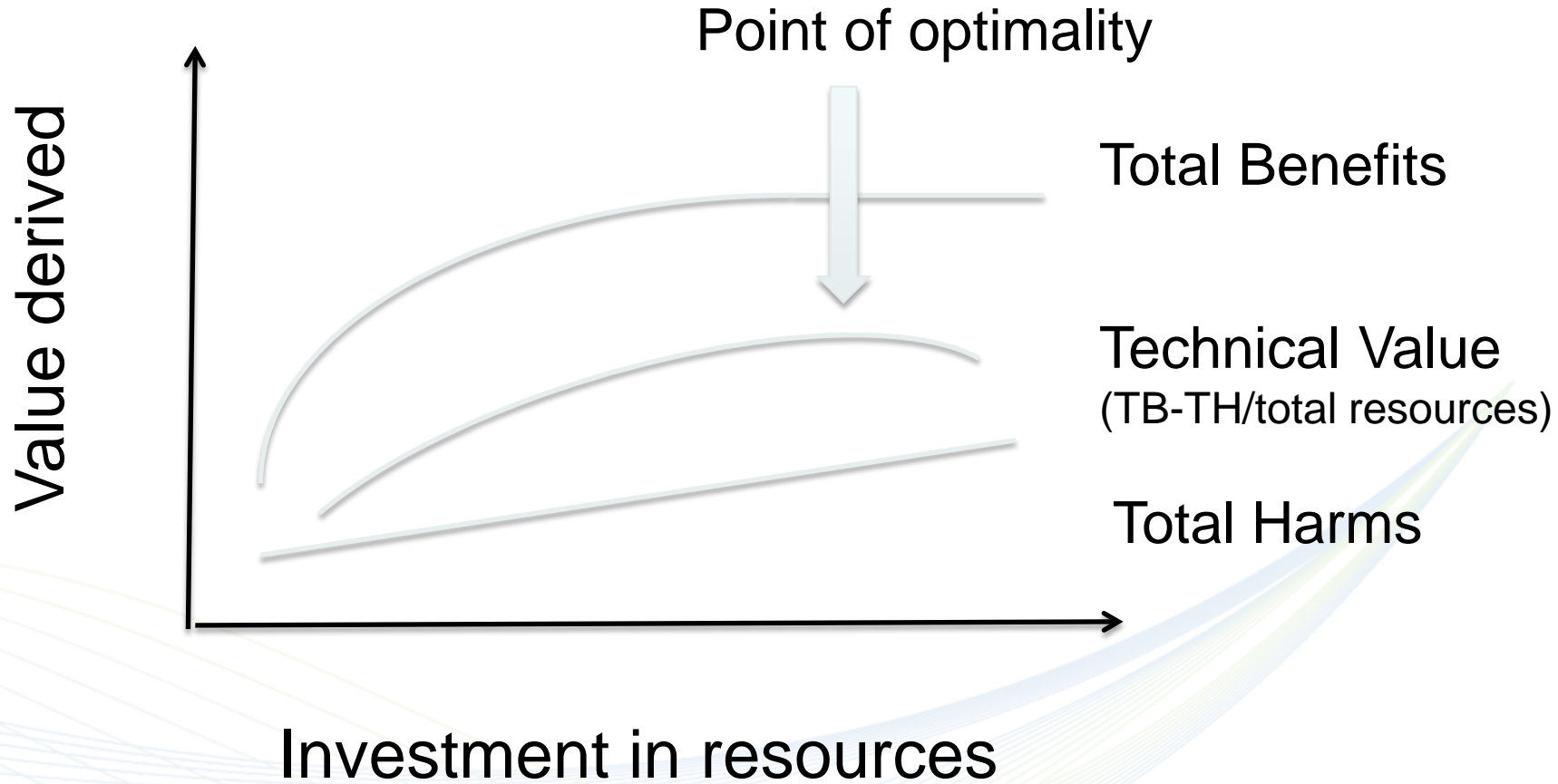
Outputs/Costs

## Need to think about whole populations

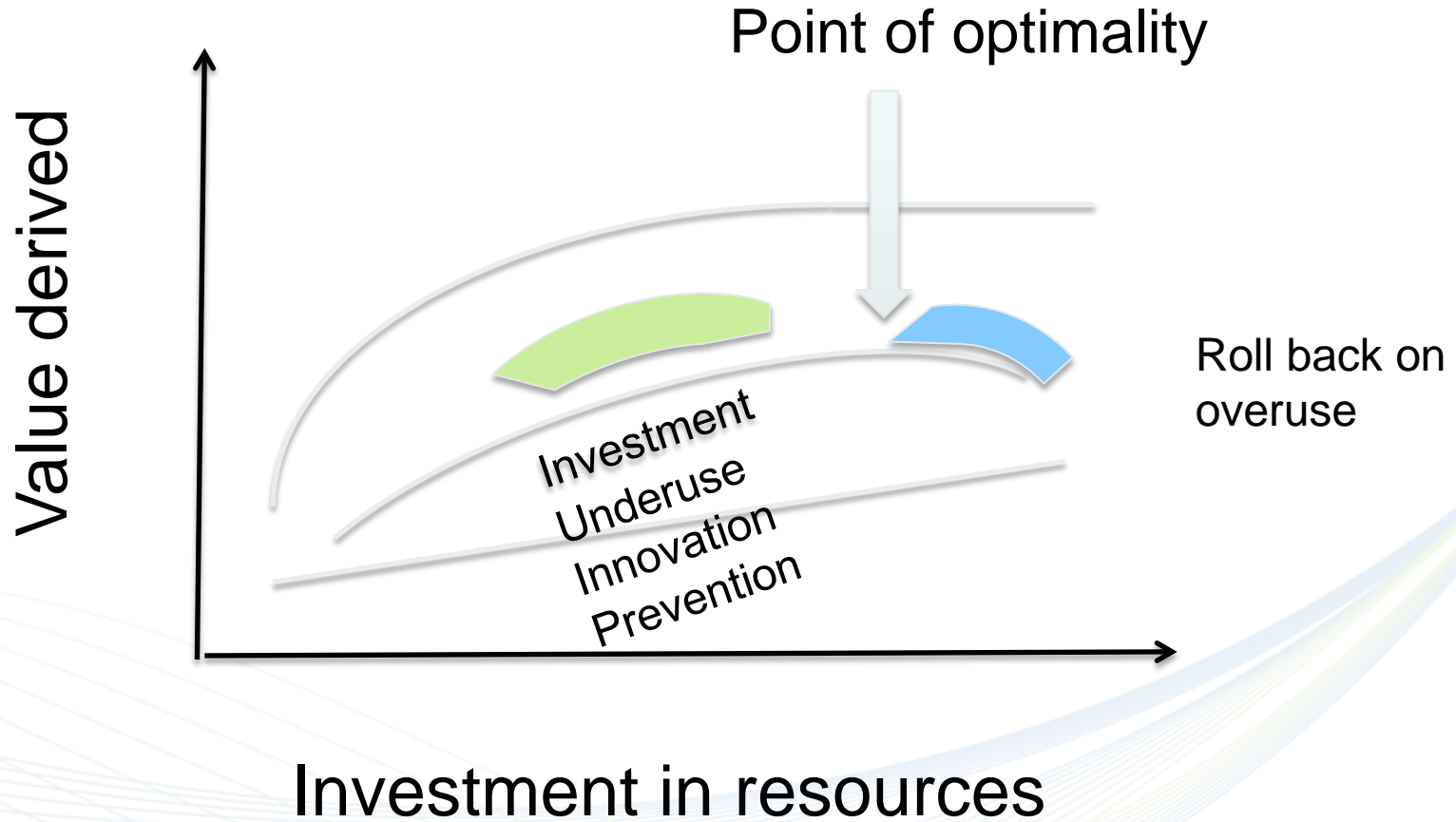
Need to avoid the trap of improving value for those that use a service and ignoring those with a condition that don't use the service



# Donabedian's point of optimality



# Using the lens of variation to coordinate the reallocation of capacity



# 'Where to look' packs – STP wide

## Opportunities in Common

### Surrey Heartlands example

The number in the grey circles below represents how many CCGs within Surrey Heartlands share a particular opportunity area out of 3 CCGs within the STP





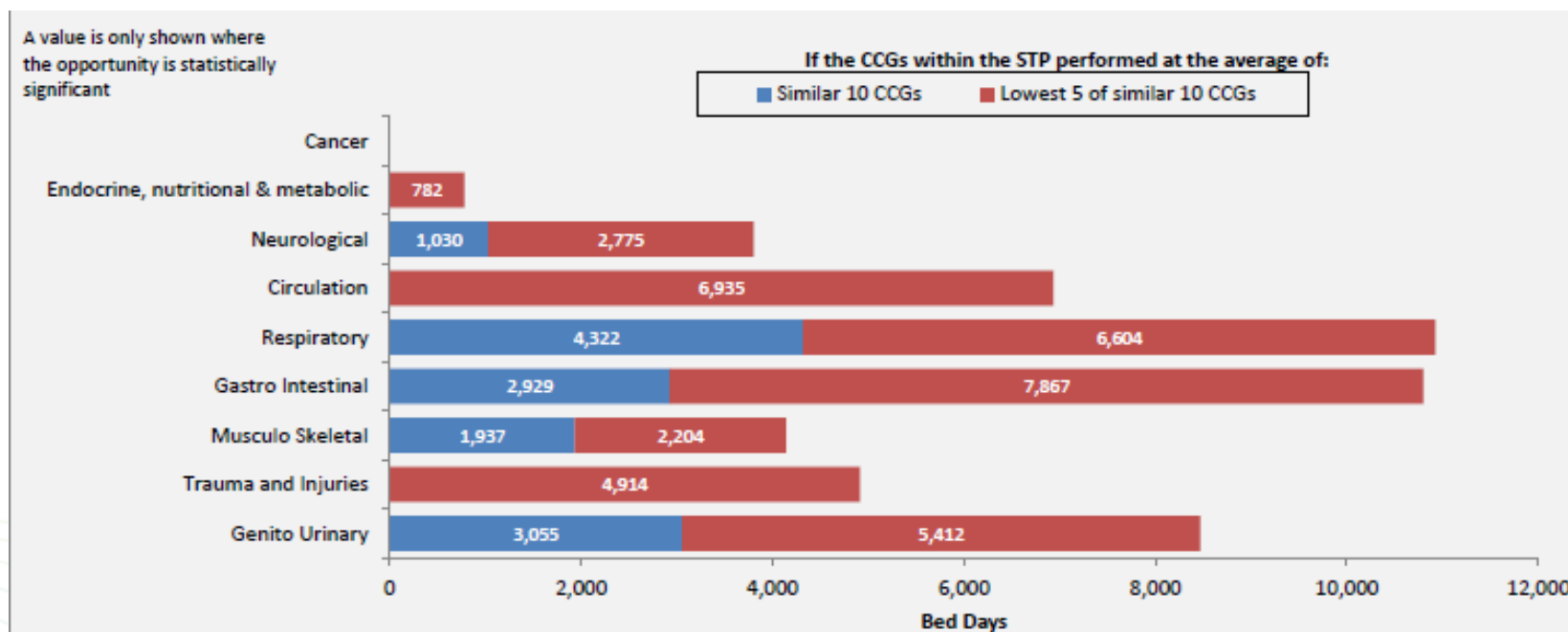
# Commonality of opportunities by CCG Surrey Heartlands

Spend & Outcomes	Circulation	Guildford and Waverley, North West Surrey, Surrey Downs
	Musculoskeletal	North West Surrey, Surrey Downs
	Genito Urinary	Guildford and Waverley, Surrey Downs
	Trauma and Injuries	Guildford and Waverley, Surrey Downs
	Mental Health	North West Surrey
Outcomes	Trauma and Injuries	Guildford and Waverley, North West Surrey, Surrey Downs
	Genito Urinary	Guildford and Waverley, Surrey Downs
	Gastro-intestinal	North West Surrey, Surrey Downs
	Endocrine	Guildford and Waverley, Surrey Downs
	Mental Health	North West Surrey
Spend	Circulation	Guildford and Waverley, North West Surrey, Surrey Downs
	Genito Urinary	Guildford and Waverley, North West Surrey, Surrey Downs
	Musculoskeletal	North West Surrey, Surrey Downs
	Respiratory	Guildford and Waverley, Surrey Downs
	Neurological	Guildford and Waverley, North West Surrey

Circulation and GU are in the top find Spend opportunity for all 3 CCG's. It does not translate in to which programme has the highest total spend opportunity.



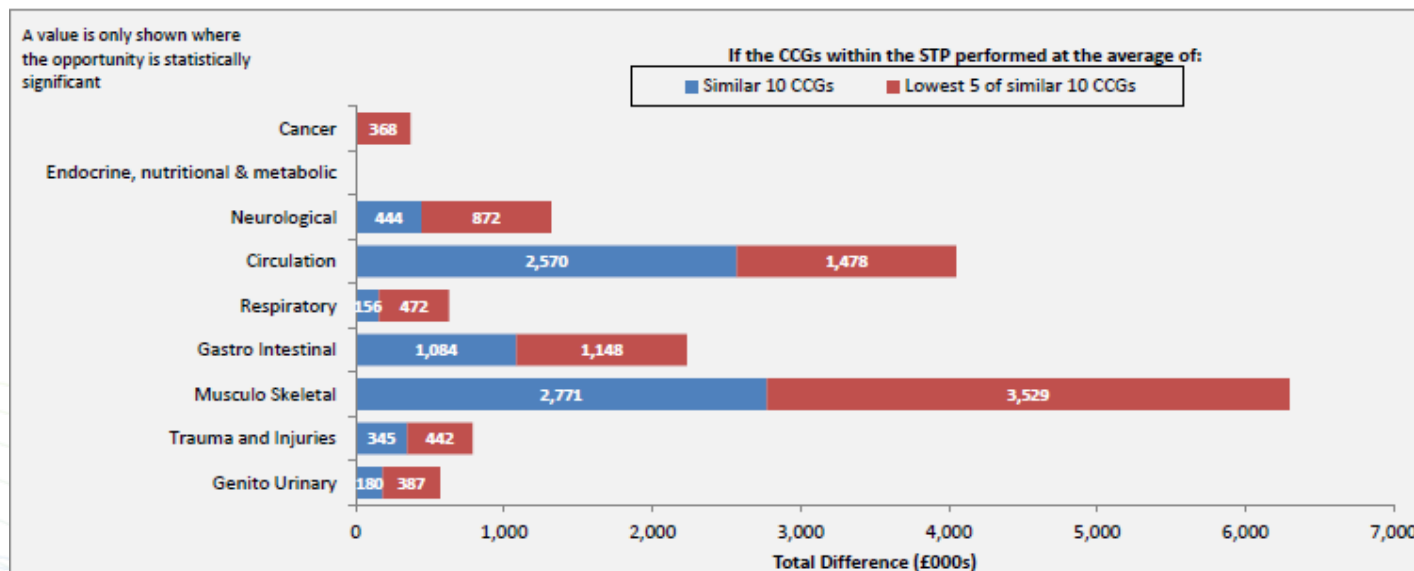
# The difference on bed days.



Moving to the average of the ten – 13,273 bed days

Moving to the average of the lower 5 – 45,852 bed days

The packs have a collated view on the difference in spend on  
**Elective admission,**  
**Non-elective admissions**  
**Primary care prescribing.**



Difference in spend on elective admissions

# How to read the STP pathways

▲	COG is statistically significantly <b>HIGHER</b>
▼	COG is statistically significantly <b>LOWER</b>
△	COG <b>HIGHER</b> but not statistically significant
▽	COG <b>LOWER</b> but not statistically significant
◀▶	COG is equal to benchmark
△	COG <b>WORSE/HIGHER</b> but not statistically significant
▽	COG <b>WORSE/LOWER</b> but not statistically significant
△	COG <b>BETTER/HIGHER</b> but not statistically significant
▽	COG <b>BETTER/LOWER</b> but not statistically significant
◀▶	COG is equal to benchmark
	COG is statistically significantly <b>WORSE</b>
	COG is statistically significantly <b>BETTER</b>
	COG has no published data for this indicator or value is suppressed due to small numbers

The benchmark is a move to the average of the similar 10

# Breast cancer pathway

6000 more women receiving screening (moving to best 5)

260 more women's cancer detected at early stage (moving to best 5)

	2015	2010	2012-13	2015/16	2014/15	2015/16	2014/15	2015/16	2008-2013	2015/16	2012-14	2013 (2011)	
	Deprivation	Breast cancer prevalence	Incidence of breast cancer	Opportunity for screening	Breast cancer screening	Primary care prescribing spend	Urgent GP referrals (breast cancer)	% first definitive treatment within 2 months (all cancer)	Emergency presentations for breast cancer	Elective spend	Emergency cancer treatments	<75 Mortality from breast cancer	1 year survival (breast)
STP opportunity (to Best 5)					6,086 Ppl.						262 Ppl.		
Guildford and Waverley	▼	▲	▽	▽	■	▲	▼	■	■	▲	■	▽	△
North West Surrey	▼	▼	▽	▽	■	▲	▼	△	■	▼	■	▽	▽
Surrey Downs	▼	▲	△	▽	■	▲	△	■	▽	▼	■	▽	△

Emergency presentations

# Heart disease pathway

10,433 more people reported to estimated prevalence of Hypertension

3,535 more people with BP < 150/90

	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2013/14	2015/16	2015/16	2015/16	2015/16	2012-14	2012-14
	CHD prevalence	Hypertension prevalence, 18+	Reported to estimated prevalence of CHD	Reported to estimated prevalence of hypertension	Smoking prevalence, 18+	Obesity prevalence, 16+	% CHD patients whose BP < 150/90	% CHD patients whose cholesterol < 5 mmol/l	% hypertension patients whose BP < 150/90	Primary care prescribing spend	Elective spend	Non-elective spend	<75 Mortality from CHD	<75 Mortality from acute MI
STP opportunity (to Best 5)			2,671 Ppl.	10,433 Ppl.			561 Pats.	1,275 Pats.	3,535 Pats.			£770K		
Guildford and Waverley	▼	▼			▼	▼				▼	△			▼
North West Surrey	▼	▼			△	▼			▼	▼	△		▼	
Surrey Downs	▼	△	▼		▼	▼				△	△		▼	△

# Downloads

Latest CCG WTL packs

<https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/>

STP packs from

<https://www.england.nhs.uk/rightcare/intel/cfv/stp-footprints/>