

The RightCare journey

Lessons from the first wave roll out

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Evaluation

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A decorative graphic consisting of numerous thin, overlapping lines in shades of blue and green. The lines originate from the bottom left and curve upwards and to the right, creating a sense of movement and depth. The lines are more densely packed in the lower left and become more sparse as they curve towards the upper right.

In the beginning.....

RightCare wave 1 roll out commenced February 2016

- 65 CCGs
- 10 Delivery Partners
- Intensive induction
- “Where to look” packs



Nine months later.....

- 65 CCGs using the RightCare approach
 - Detailed understanding of where variation exists
 - Over 200 programmes of activity initiated
 - Services being realigned to deliver benefits to patients
 - Savings in excess of £50m identified
-
-and additional support resources provided from RightCare

What it helps to have in place...

- Leadership – identify clinical and executive leads at the outset
- Programme management – make sure there is resource available to manage change – and a designated member of the CCG team who is the day to day lead for RightCare
- Communications – keep important internal stakeholders up to speed on what's going on, make RightCare a regular item in team briefings. Maintain clinical buy in through regular updates to clinical executive or similar
- Integration – integrate this into the way you do everything else, and do not make it a separate programme.

Hints to help things go smoothly...

- Provider engagement – start engaging providers early, it needs to be a shared programme from the start. CCGs have the leadership responsibility of getting it jointly owned
- Connect CCG and CSU business intelligence teams to the RightCare analysts – questions around data can be quickly resolved
- Don't obsess about the data – sometimes the big picture is THE picture
- Identify common themes – there are going to be some areas where CCGs can work together on shared priorities

What to do to make it happen

- Develop a plan for how you're going to do this early on – it will help you understand the capacity you might need, it will help you review with your delivery partner whether what you're planning might work, it will help you communicate what you're doing internally, and it'll help you manage successful delivery (and keep on top of the inevitable requests for reporting progress!)
- Small task and finish groups for new work streams – include a clinical lead – truly task & finish, very few meetings, actions identified, group disbanded
- Make this the way you do things as an organisation – rather than a project – identify how RightCare aligns with the culture and objectives of your organisation and therefore build on and enhance existing assets

Programme Evaluation

- Think about evaluation from the outset
- Develop a logic model for each programme
- Simply put the logic model describes the logic of how each new patient facing activity will be monitored and how this links to the modelled outcomes expected from the programme, both financially and health gains

Some Key Dates for Wave Two

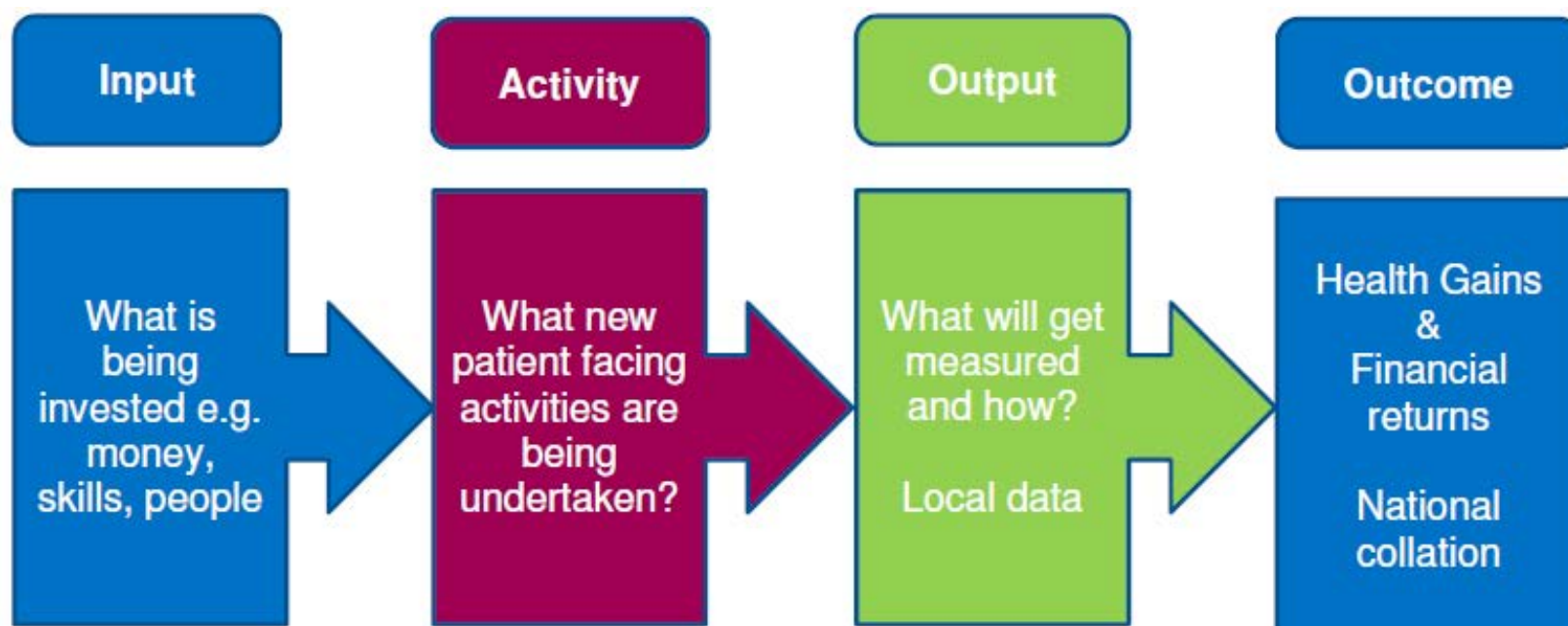
- Friday 24th February – Emerging Opportunities Submission Deadline (End of where to Look)
- Friday 14th July – Evaluation Plans Submission Deadline (End of What to change)
- Friday 8th September – End of Wave 2 (End of How to Change / implementation underway)

Emerging Opportunities from CfV WTL

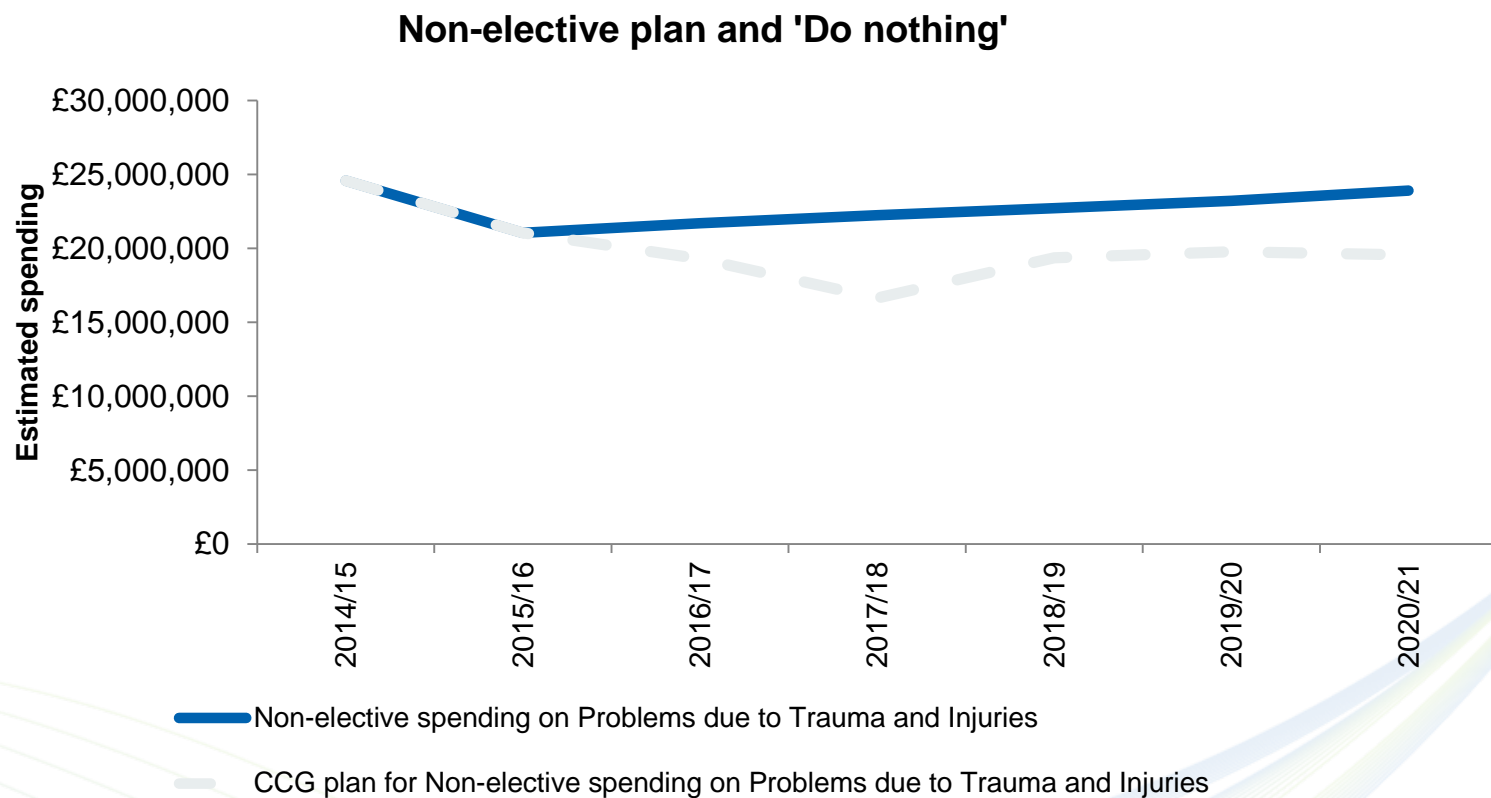
	Programme of Care	Non-elective identified opportunity	Elective identified opportunity	Primary prescribing identified opportunity	Start of RightCare programme	Estimated date beginning of implementation
Intervention 1						
Intervention 2						
Intervention 3						
Intervention 4						
Intervention 5						
Intervention 6						

CCG's are asked to take the opportunity values from the packs not to calculate their own in this return.

The Logic model



Financial trajectories

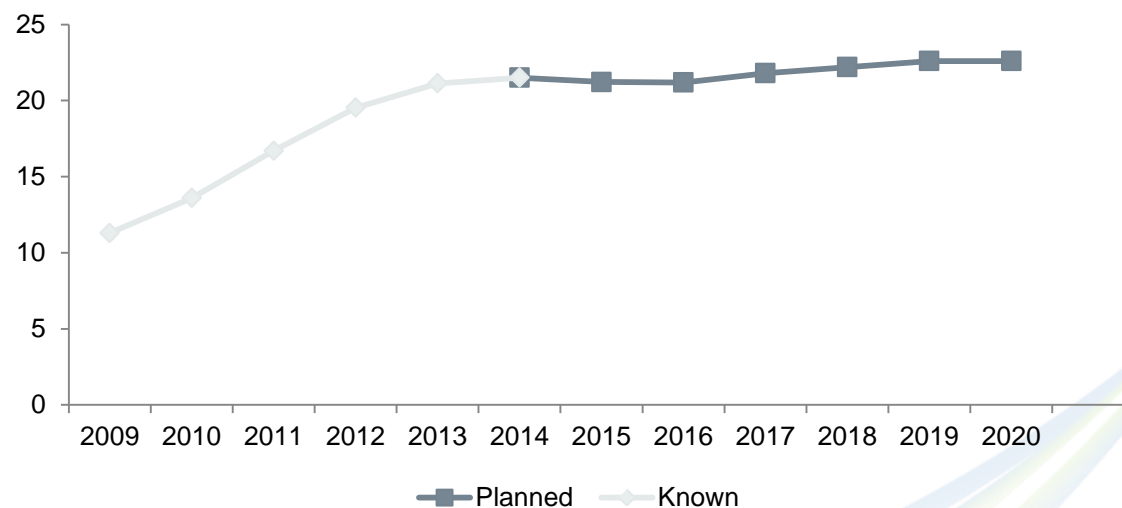


- Capture the assumptions made in the financial and health gain modelling, how does the activity lead the projections being modelled?

Health Gain Trajectory

Outcome measure **Adjusted Health Gain, via pre- and post-op Oxford Hip Score (Plymouth Hospitals Trust)**

Year	Period	Adjusted Health Gain, via pre- and post-op Oxford Hip Score (Plymouth Hospitals Trust)
2009	Annual	11.3
2010	Annual	13.6
2011	Annual	16.7
2012	Annual	19.5
2013	Annual	21.1
2014	Annual	21.5
2015	Annual	21.2
2016	Annual	21.2
2017	Annual	21.8
2018	Annual	22.2
2019	Annual	22.6
2020	Annual	22.6





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

Right Care How NHS England can support the process?

Ivor Duffy

Director of Assurance and Delivery
NHS England - South (South East)

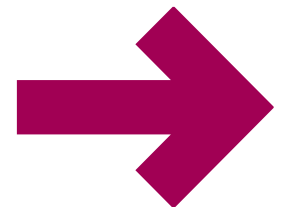


Introduction and aim

NHS England South (South East) will support CCGs in their delivery of the national challenge to review, understand and address:

- 40% of the opportunities by 2017/18 and,
- 80% of the opportunities by 2018/19

The aim of this session is to identify how NHS England can support CCGs achieve this



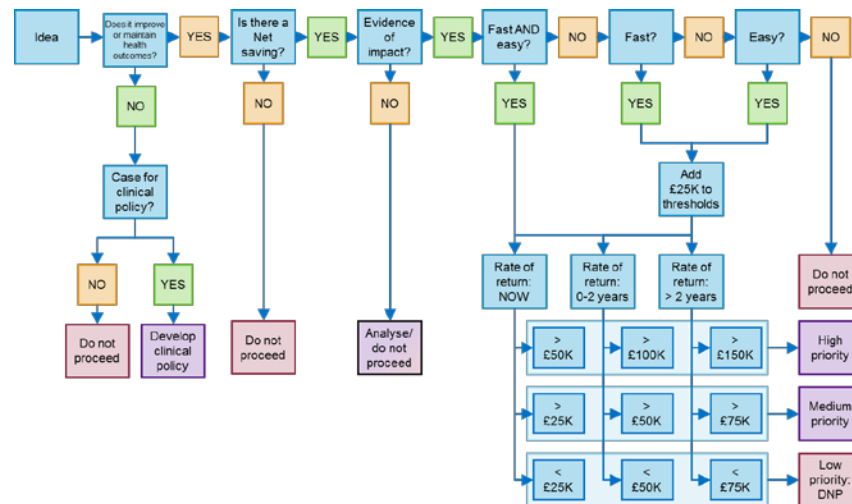
Identifying what has been delivered

- Right Care packs first made available in 2014
- Significant progress has been reported in prescribing
- How has this and progress in other areas been quantified?
- How does this affect the quantum of savings available?



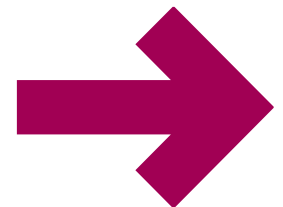
Sharing what has worked

- Have all South East CCGs used a decision tree to prioritise work-streams?
- Is Right Care being used to identify QIPP schemes?
- Have neighbouring CCGs been sharing or co-implementing successful projects?
- How can NHS England assist the sharing of successful projects?



Sharing analytical lessons

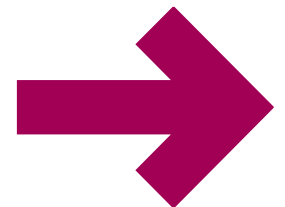
- Which data sources have been successfully used to triangulate Right Care data e.g. Dr Foster, Monitor.
- Where has Right Care data been accurate or inaccurate?
- Has this been fed back to the national Right Care Programme?
- Can NHS England assist with providing a single point of feedback to enhance and improve the data?



Identifying barriers to delivery

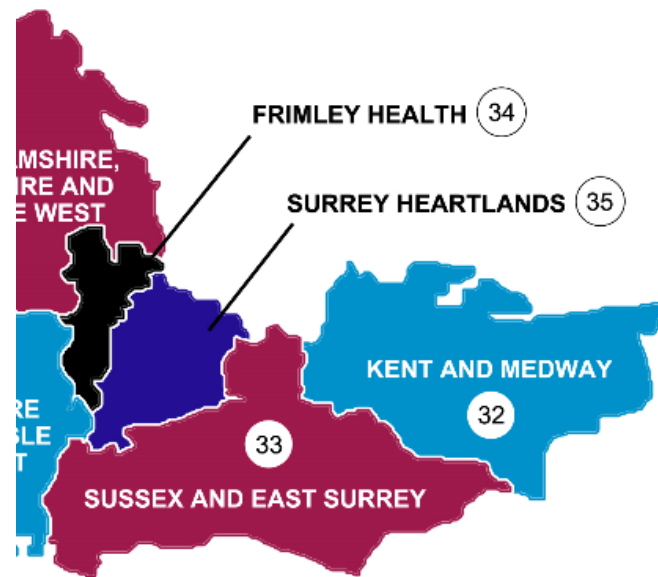
What are they:

- Challenges to Right Care data?
- Existing programmes of work?
- Vanguard programmes?
- Pressure on Trusts to generate a financial surplus?



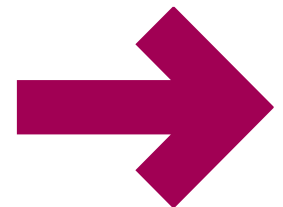
Right Care at an STP level

- Are there areas of work that CCGs have identified as best delivered at an STP level?
- Has existing Right Care progress been included in STP planning?



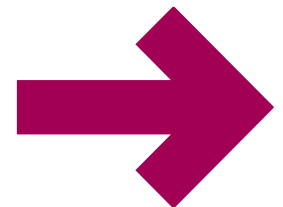
Right Care and the Assurance process

- Right Care will be included as a standing item on the quarterly assurance meetings
- CCGs will be asked to provide an update of progress against the national challenge
- The Right Care Templates will play a key role in this assurance process



NHS England and NHSI support

- How can NHS England and NHSI support CCGs to deliver the Right Care agenda?
- Collectively challenging all parts of the system to deliver common goals?



Next steps

- South East workshops?
- STP level meetings to review plans and identify key Right Care projects?
- Online repository of good practice?

