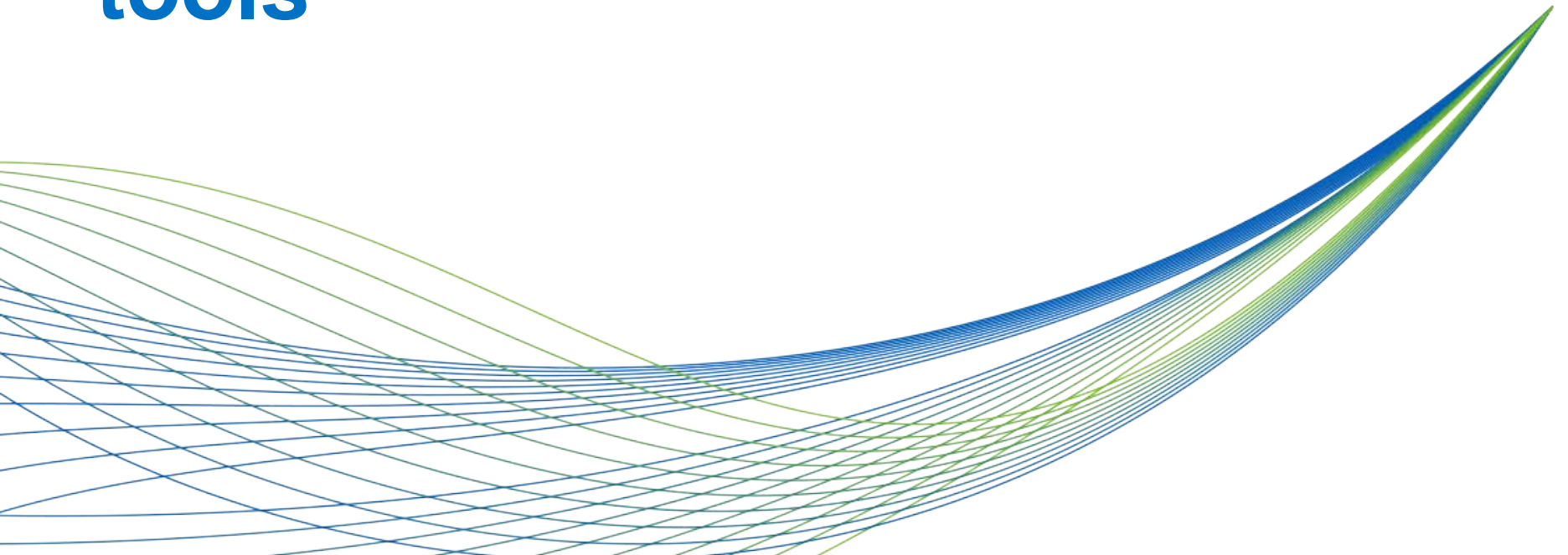


Understanding and demonstrating variation through use of national data tools



Today's workshop

Introduction to:

- RightCare and Commissioning for Value
- The Pathway on a page
- Understanding priorities from the Where to Look packs
- Focus packs
- Online tools
- STP summary packs

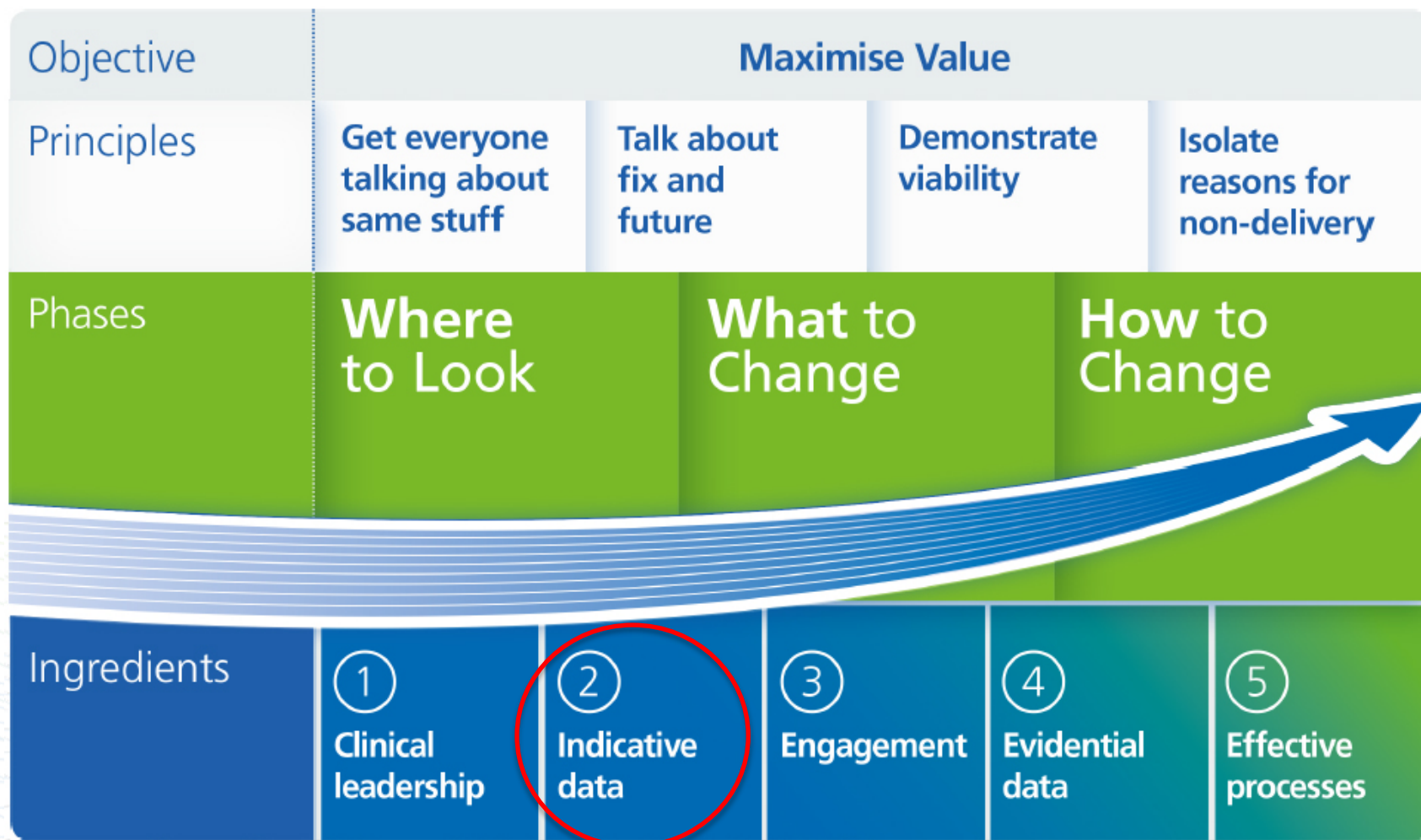
What is RightCare?

NHS RightCare is a programme committed to **reducing unwarranted variation** to improve people's health and outcomes. It aims to help local health economies ensure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

NHS RightCare ensures local health economies.....

- **make the best use of resources to give better value** – better value for patients, the population and the taxpayer.
- **understand how they are doing** – by identifying variation with demographically similar populations
- **get talking about the same stuff** - about population healthcare rather than organisations
- **focus on the areas of greatest opportunity** - by identifying priority programmes which offer the best opportunities to improve healthcare for populations
- **use tried and tested processes** - to make sustainable change to care pathways to reduce unwarranted variation

The NHS RightCare approach



Commissioning for Value

Commissioning for Value is one of the key elements of the intelligence programme within NHS RightCare.

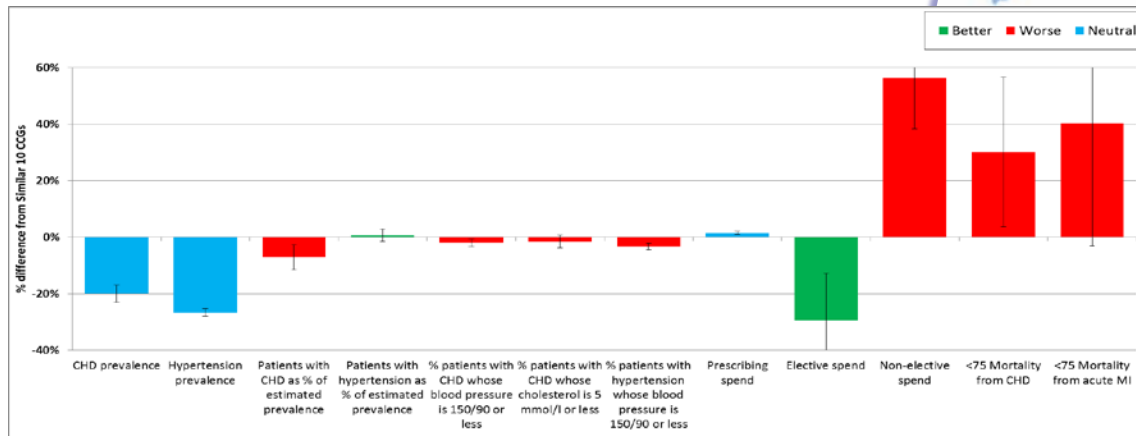
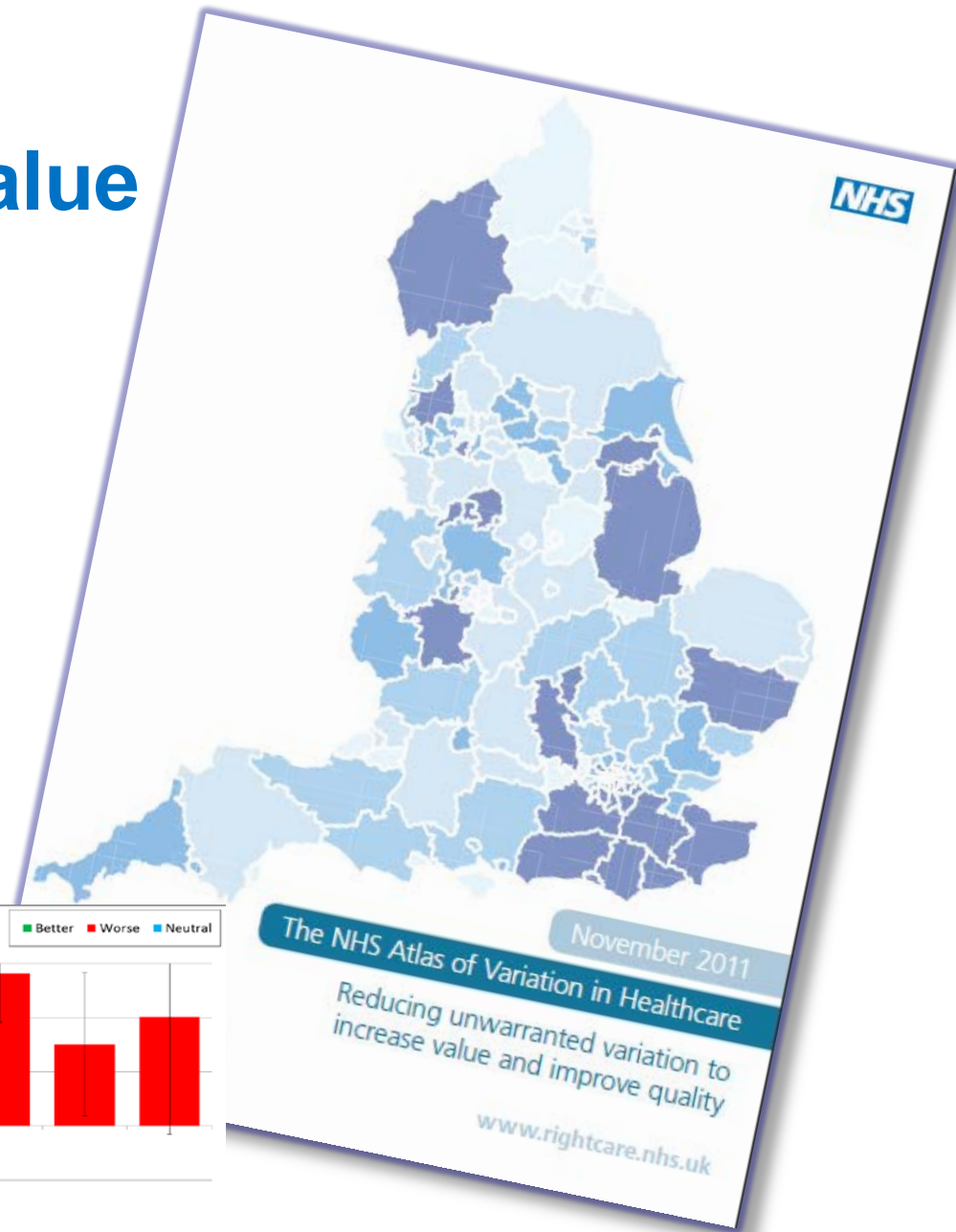
- Partnership between NHS England and Public Health England
- Supports health and social care commissioners to **identify priority areas** that offer the **best opportunities to improve healthcare** for populations and **increase value**.
- About developing and using evidence to **shine a light on unwarranted variation** and performance to encourage improvement in quality.

It gives local health economies in England practical support in gathering intelligence, data, evidence and tools to help them improve the way care is delivered for their patients and populations.

The first principle of Commissioning for Value

Awareness is the first step towards value

If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place



Our products

Commissioning for Value materials include: **Where to Look and focus packs for each CCG**; **online tools**; videos; optimal value pathways; economic scenarios; casebooks; and the Atlas of Variation series.

In each case we use the same methodology and compare a CCG with its 10 most similar CCGs using demographic factors, showing where it's an outlier and highlighting opportunities for improvement.

The collage displays four key products from the NHS RightCare suite:

- Diabetes pathway:** A bar chart comparing NHS Central Manchester CCG against 10 similar CCGs. The chart shows performance relative to 95% confidence intervals, with categories for 'Better', 'Worse', and 'Needs local interpretation'.
- Spend & Outcomes - Cancer >> Mortality from European Standard population >> 2011-13:** A map of England showing regional variations in cancer mortality rates.
- NHS RightCare Commissioning Focus Pack:** A cover for a focus pack on Respiratory care, dated April 2016, for NHS Central Manchester CCG.
- Commissioning for Value: Where to Look:** A cover for a focus pack on Commissioning for Value, dated January 2016, for NHS Lancashire North CCG.

Comparison to 10 similar CCGs

For each CCG, we identify their **most demographically similar CCGs** based on the following factors:

- Overall deprivation
- Health deprivation
- Population size
- Population density
- Age profile
- Ratio of GP registered patients to proportion estimated to be in CCG's local population
- Ethnicity

This means that we are comparing 'like for like' as far as possible

We only compare geographic neighbours if they are also demographically similar. CCG A may have very good reasons for doing things very differently to CCG B, as the two populations may have very different characteristics and needs

Similar 10 Explorer tool

Horsham and Mid Sussex's 10 most similar CCGs

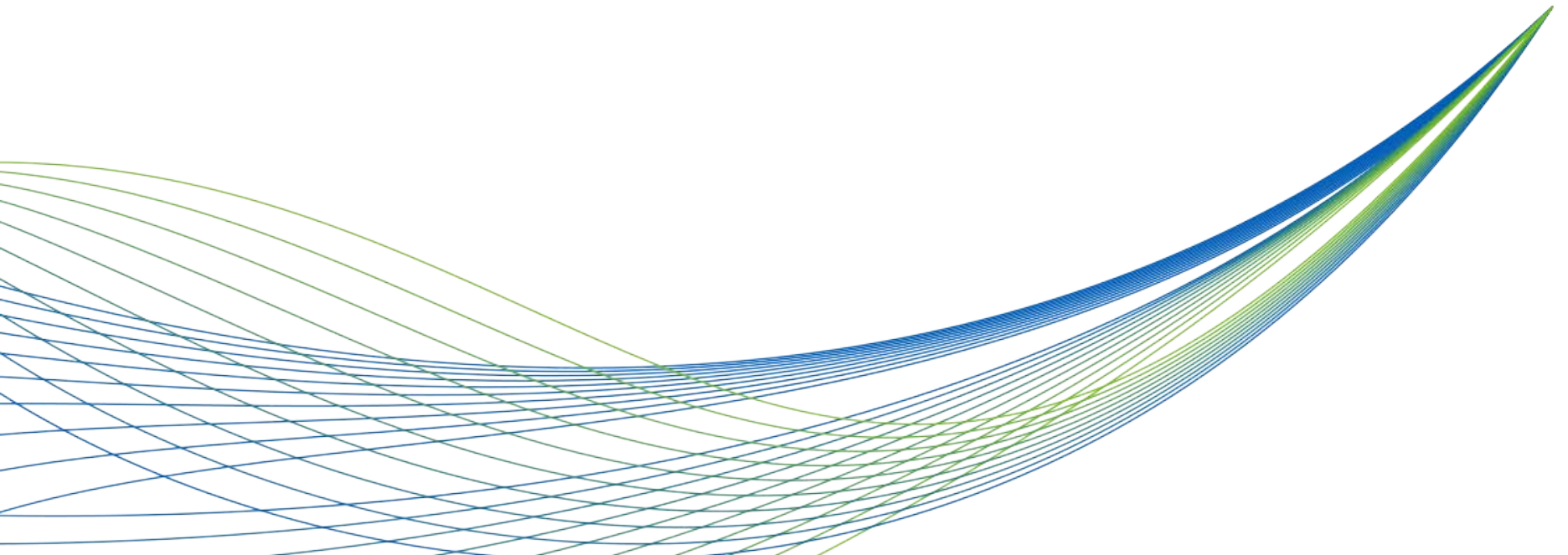
Bar colours indicate closeness of match

Use the tool to:

- Look at the strength of the similar 10 across all variables
- Change the weighting of variables and see how it changes the similar 10
- See where in the closeness rankings your geographic neighbours are

Select Variable Weightings		1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Reset variables to default - Click here		Overall deprivation	Health deprivation	Population total	Under 5s	5-14yrs	15-24yrs	75+	ADSONS	Population density	Population density slope	% Black	% Asian
Original Similar 10	NHS Surrey Downs CCG	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	NHS East Surrey CCG	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
	NHS Rushcliffe CCG	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green	Green	Green	Green
	NHS East Leicestershire And Ru	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	NHS South Gloucestershire CCG	Green	Green	Green	Green	Green	Yellow	Green	Green	Green	Yellow	Green	Green
	NHS North Somerset CCG	Yellow	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green
	NHS North Hampshire CCG	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Green
	NHS Mid Essex CCG	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green
	NHS Basildon And Brentwood C	Yellow	Green	Green	Green	Green	Yellow	Green	Green	Green	Green	Green	Green
	NHS Guildford And Waverley C	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Green	Yellow	Green	Green

Commissioning for Value Where to look and Focus packs



The 2016 Where to Look packs

New 'where to look' packs were released in January 2016 for each CCG, with an updated version published in October 2016.

These have been recently updated with new packs containing new 15/16 QOF data alongside 15/16 admissions data.

The 2016 version of the CFV tool is also available on the NHS RightCare website.



The focus packs

Seven separate focus packs were produced in April / May 2016

- Cardiovascular disease
- Neurological
- Respiratory
- Cancer and tumours
- Maternity and early years
- Mental health and dementia
- MSK, trauma and injuries

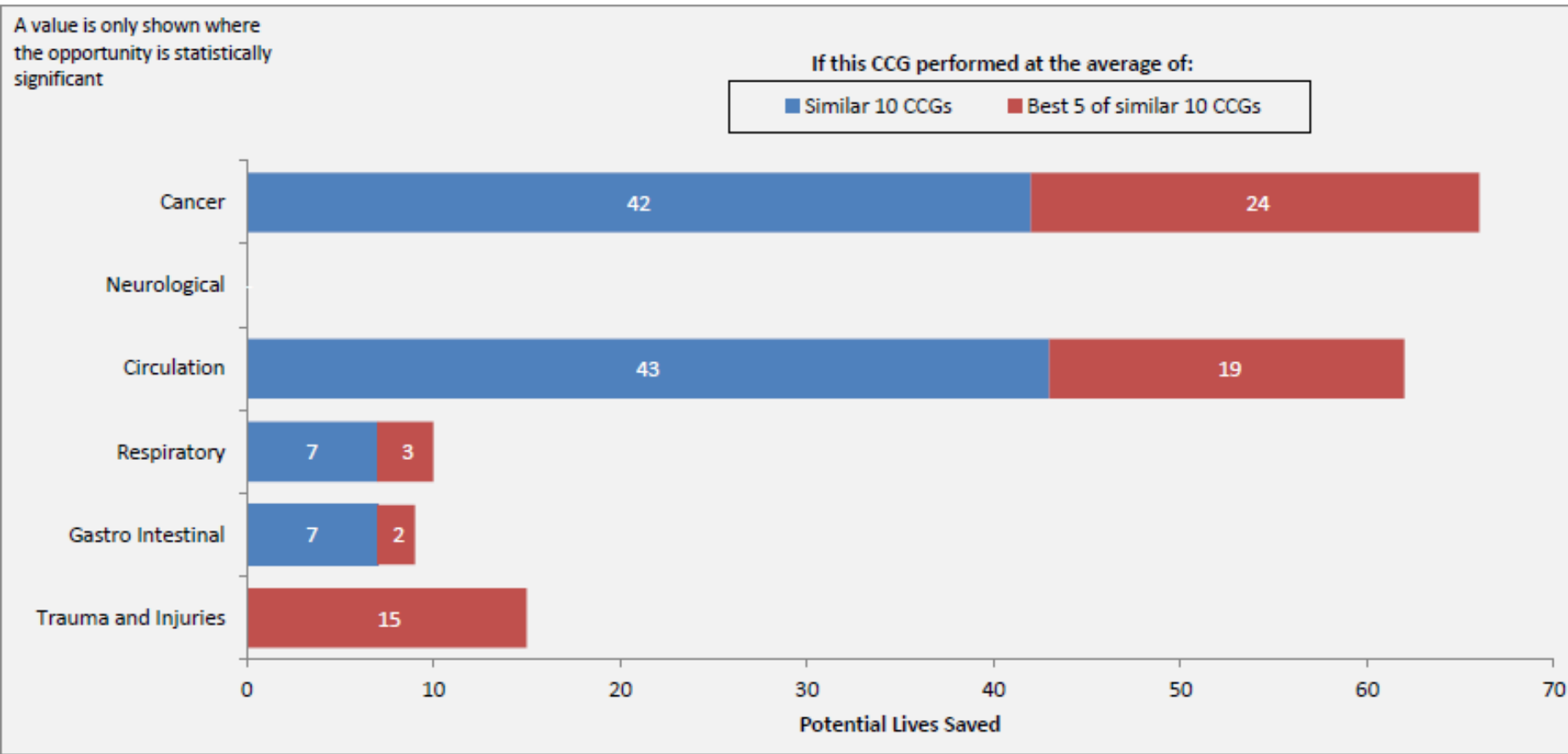
All the packs have been produced for each CCG and every one is available on the NHS RightCare website, along with accompanying tools and videos.



They include pathways on a page (with updated data) plus charts on spend, admissions and procedures. Key indicators are then broken down into detailed opportunity tables for each CCG.

Commissioning for Value compares CCGs to their ten most similar CCGs

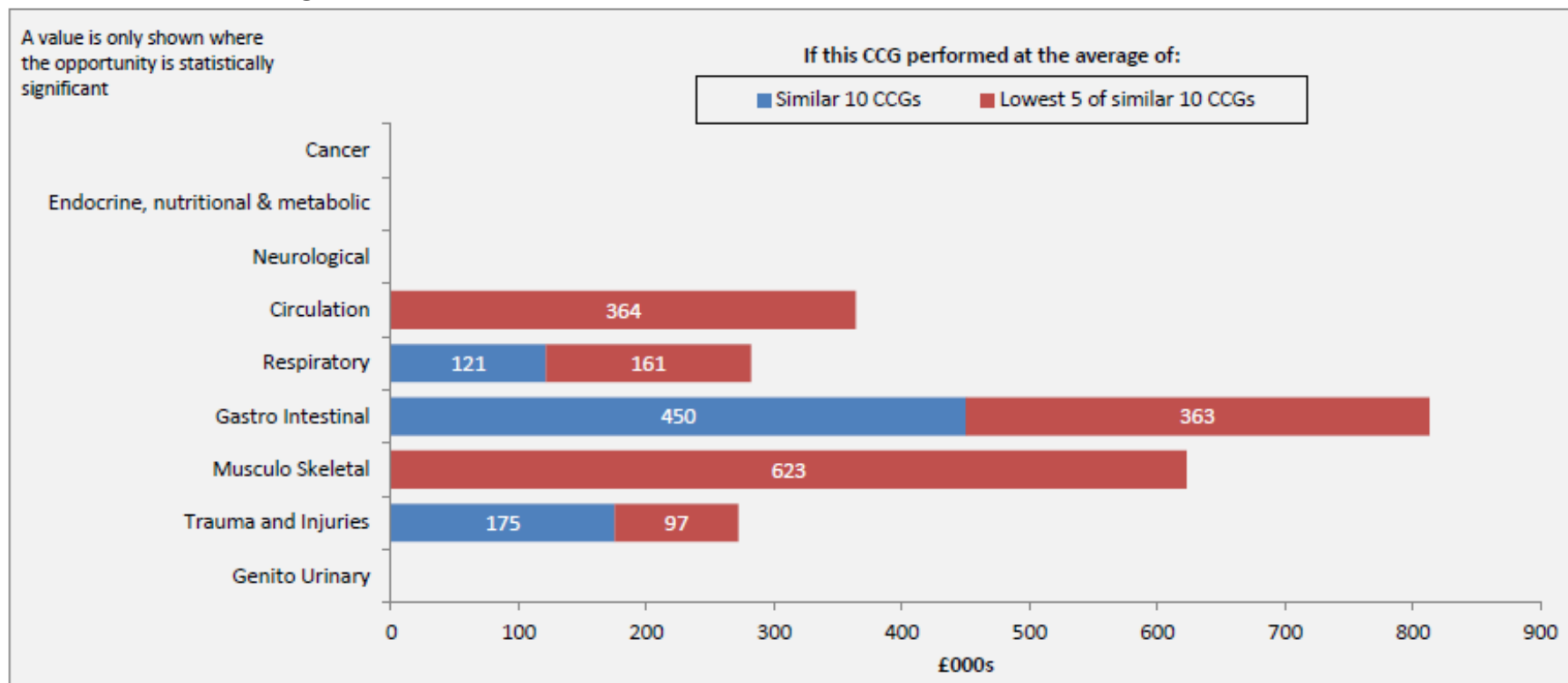
This CCG has 66 more deaths a year from Cancer for under 75 years olds than the five similar CCGs with the lowest mortality rates



The mortality data presented above uses Primary Care Mortality Database (PCMD) and is from 2012 to 2014. The potential lives saved opportunities are calculated on a yearly basis and are only shown where statistically significant. Lives saved only includes programmes where mortality outcomes have been considered appropriate.

The CCG spends less on elective admissions for Cancer than the average of the five similar CCGs with lowest spend rates (adjusted for age and sex of patients)

Spend on Gastrointestinal, Respiratory and Trauma and Injuries is higher than the average of the ten similar CCGs



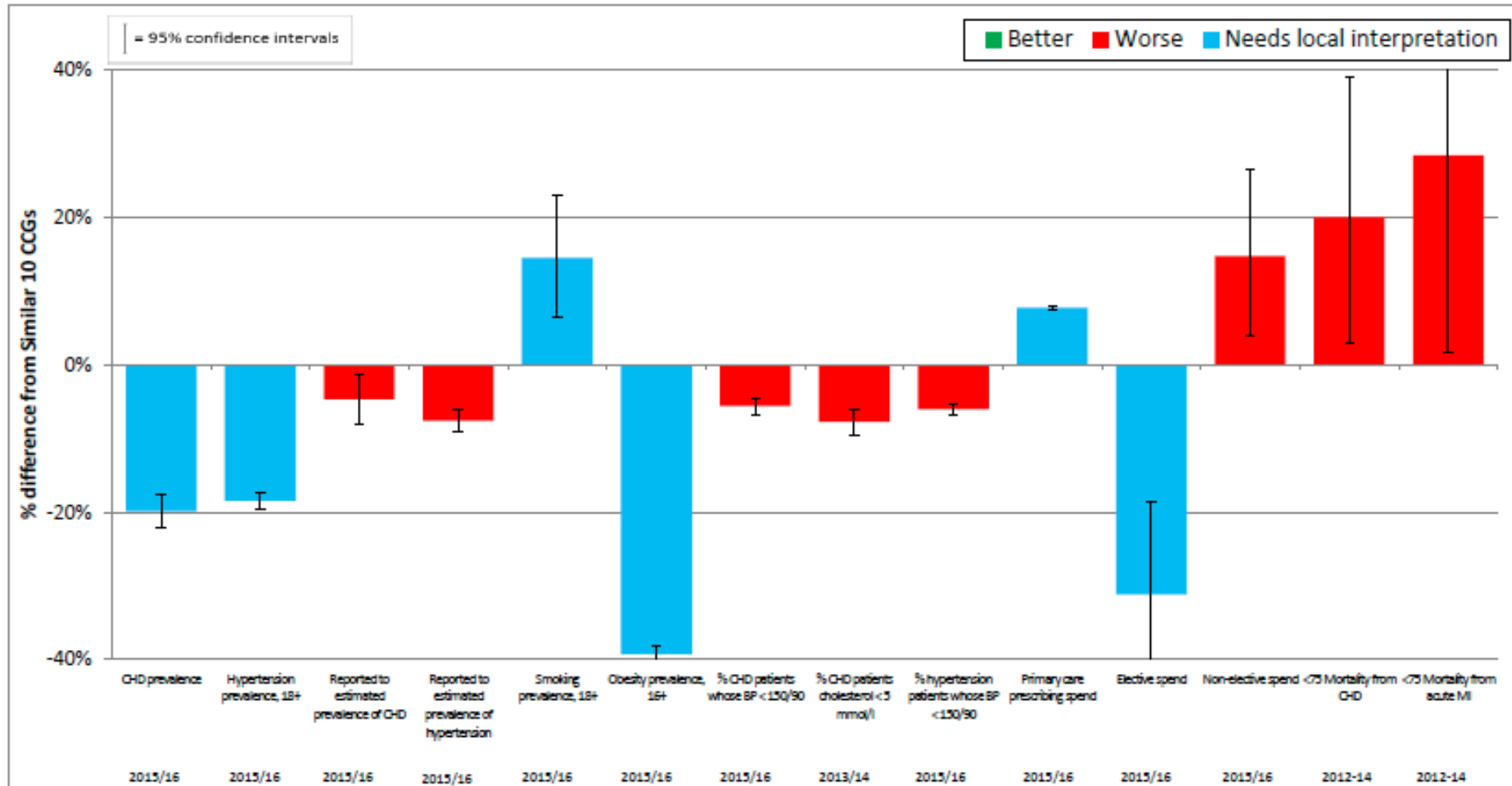
The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack breaks this down by different types of Pain. CCGs should consider whether these admissions should be considered alongside other programmes e.g. CVD, Gastrointestinal, Musculoskeletal problems

The Pathway on a Page presents a range of indicators across the patient pathway

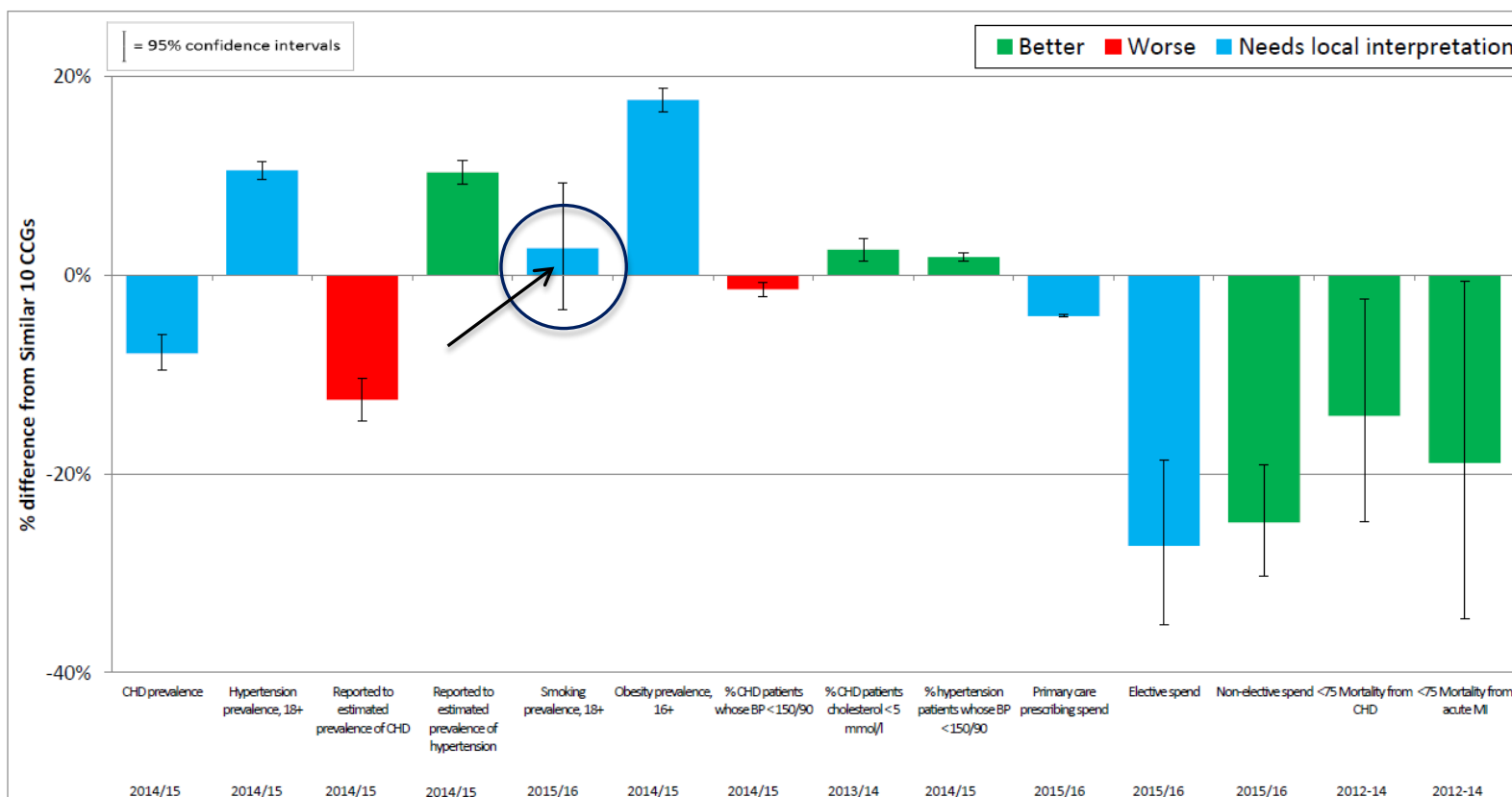
This is an example of a CCG's heart disease pathway



Recorded prevalence – 'Case' finding - Risk factors – Primary care – Spend - Outcomes

This CCG is demographically similar – lower spend and lower mortality

Heart disease pathway



NICE Pathways on: Hypertension, Cardiovascular Disease and Smoking

<http://pathways.nice.org.uk/>

PRIMIS Toolkit:

<http://www.nottingham.ac.uk/primis/tools-audits/tools-audits/grasp-suite/grasp-ht.aspx>

Exercise

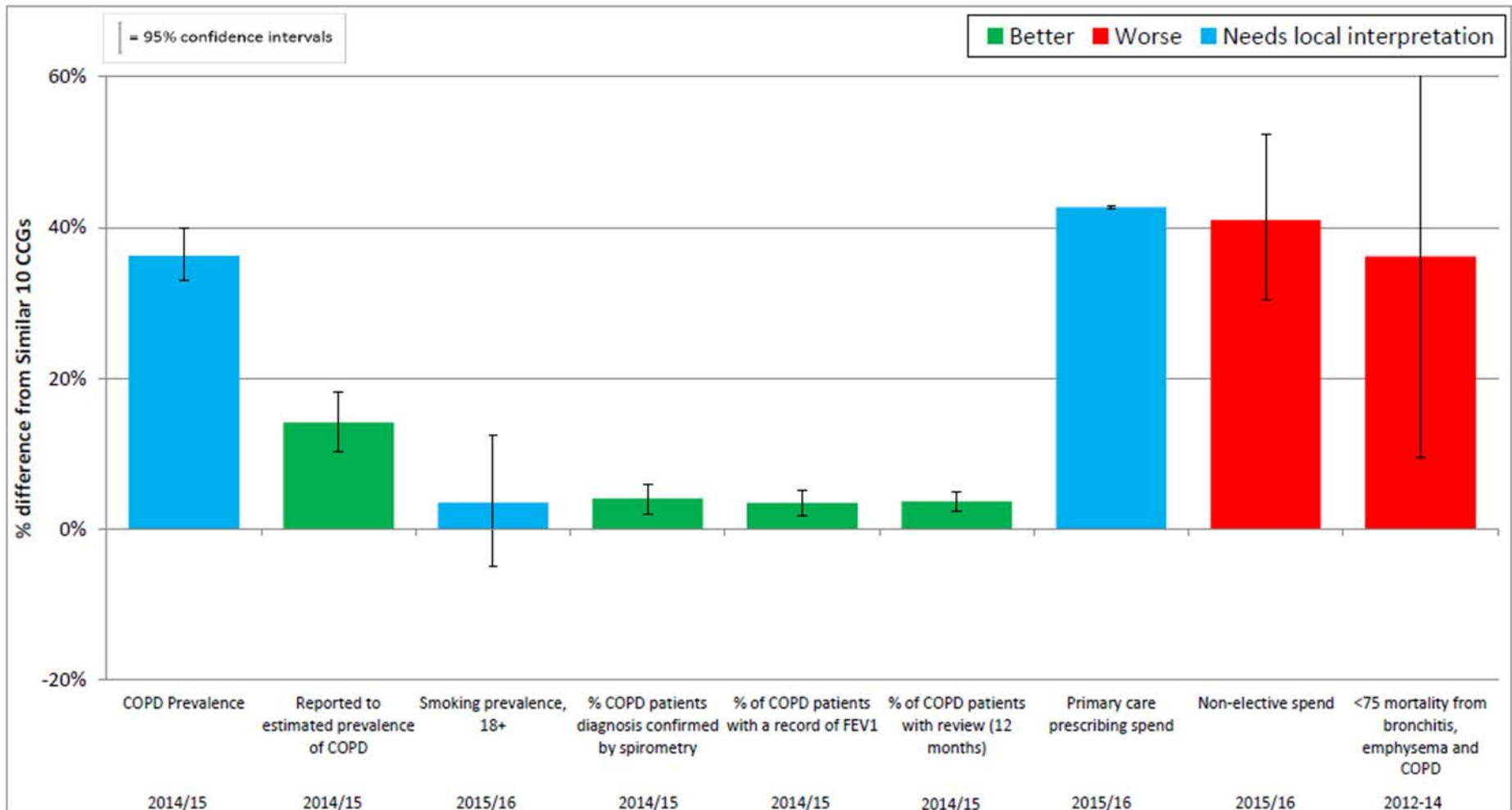
In groups:

- Look at the example of a local heart disease pathway
- What are the key messages you draw from it?
- What other information would you want to look at?

Have a look at the same CCG's Where to look pack

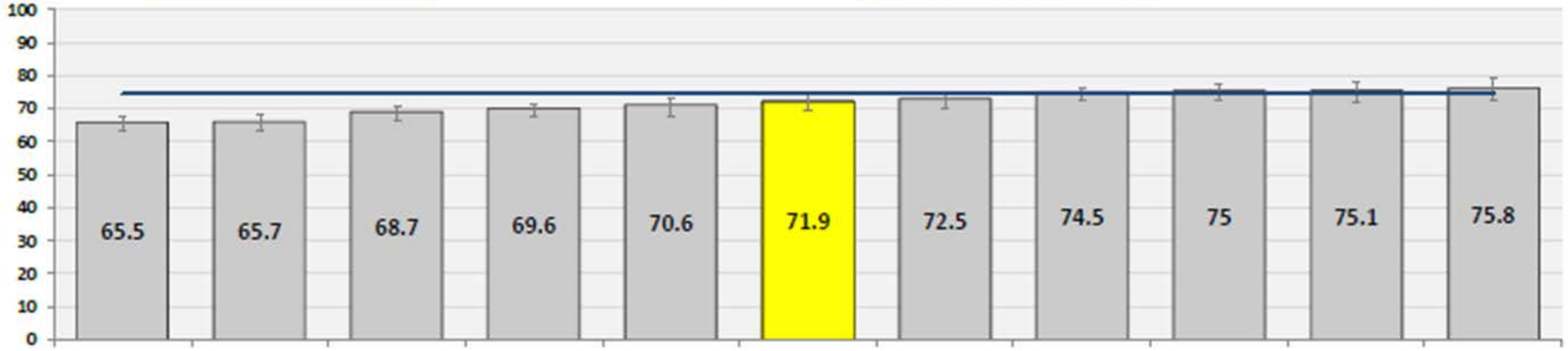
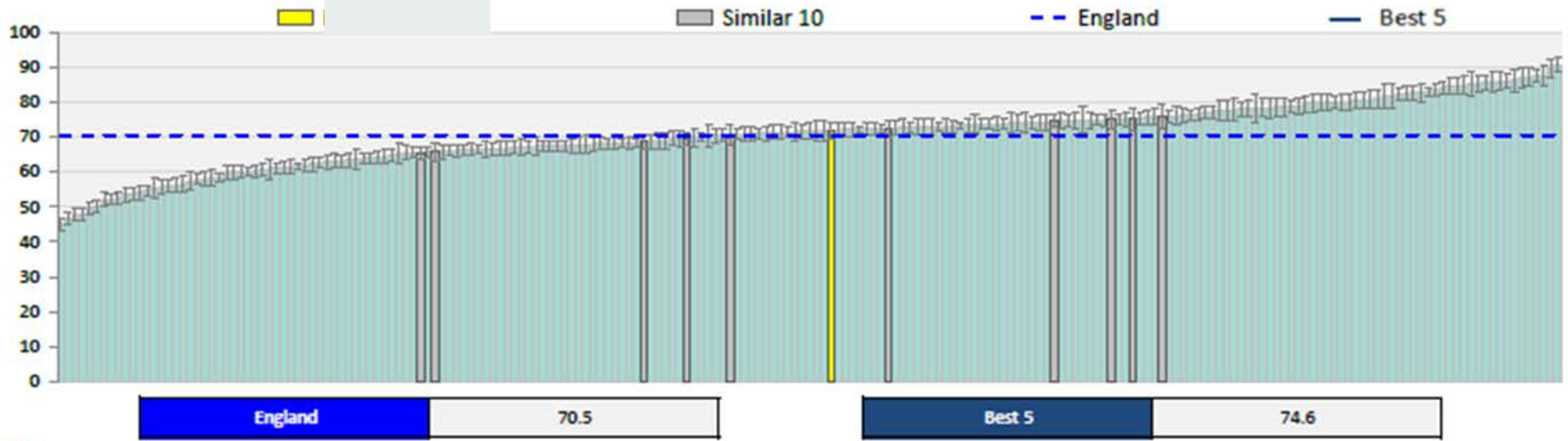
- Which programmes does the pack indicate offer the best opportunities for improvement?
- Why?
- What other information would you want to look at?

COPD pathway – high spend and mortality – but this is all driven by high prevalence? How much of an opportunity is this for the CCG to improve in the short term?



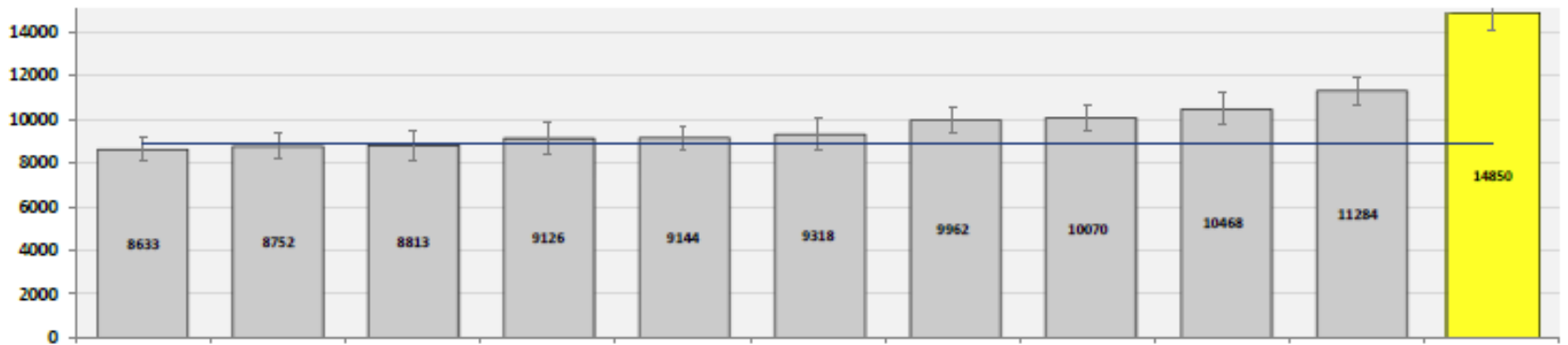
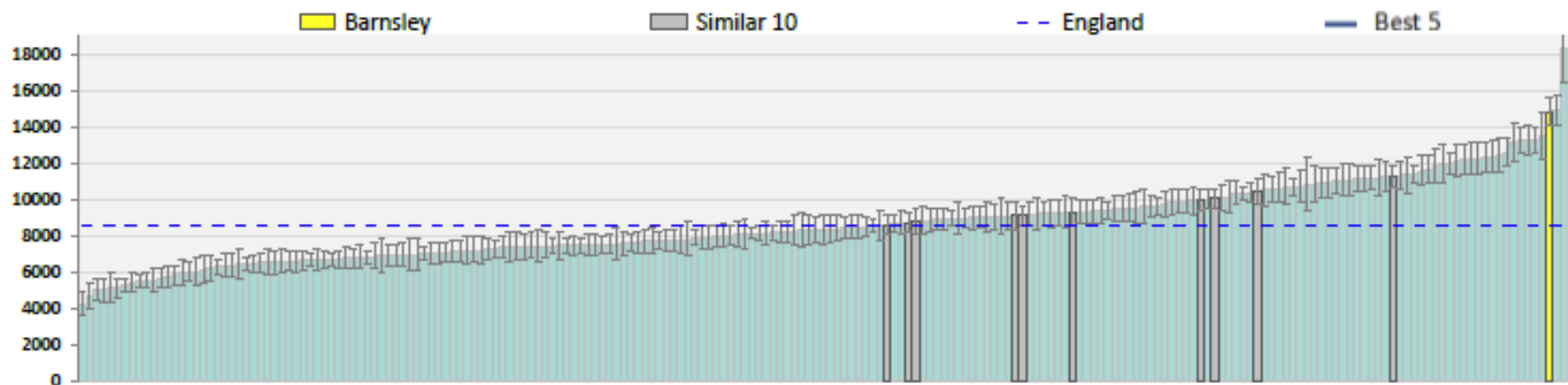
The focus packs present much more detail – showing the exact values of all similar ten CCGs and a breakdown of spend for individual diagnoses, procedures and drugs

Reported to estimated prevalence of CHD (%) 241 Pats. 92



Focus pack data - example

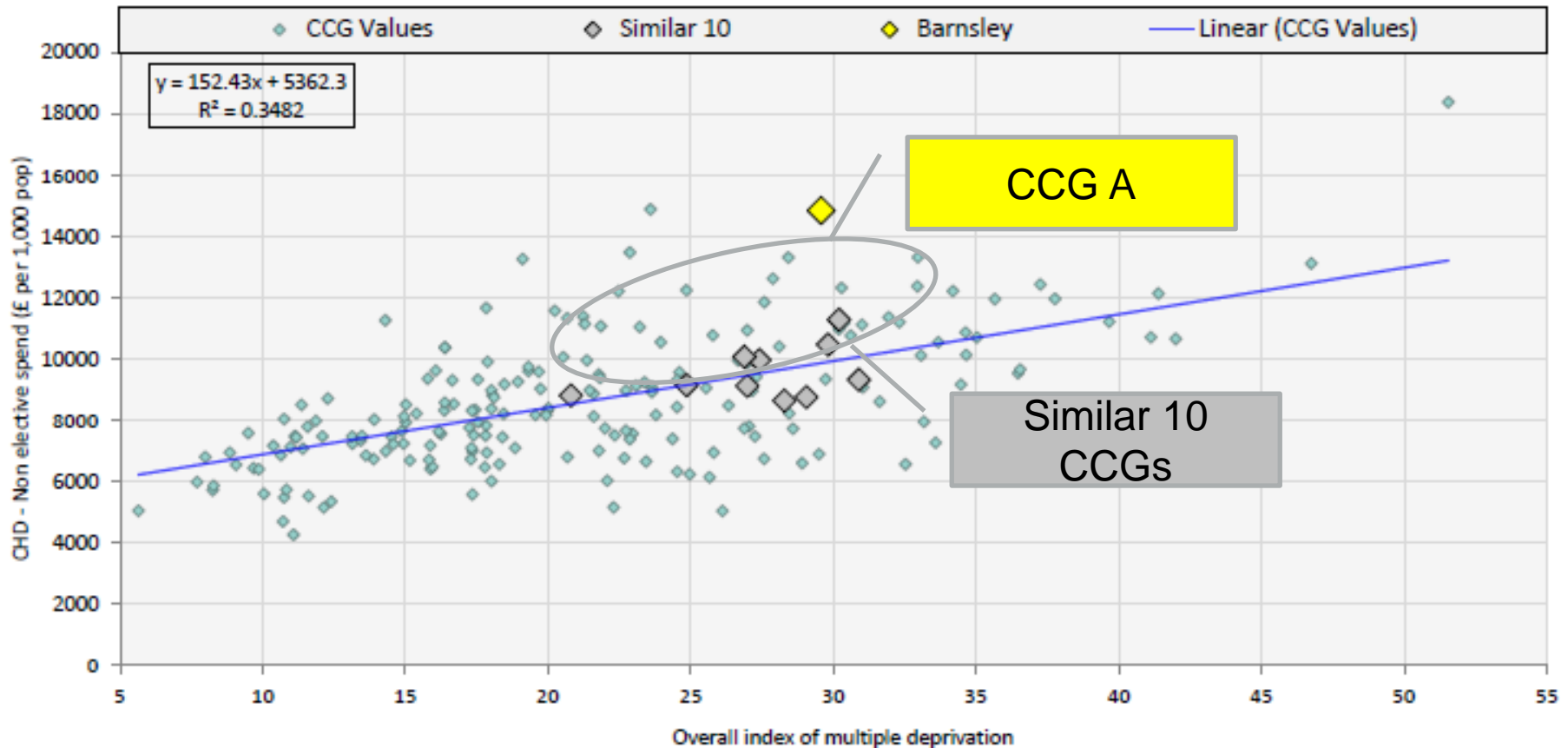
This CCG and all its similar 10 spend the same as or more than the national average on emergency admissions for CHD (they all have relatively high prevalence and deprivation nationally). We estimate the CCG is spending £1.5m more than the average of its lowest spending 5 similar CCGs.



Focus pack data - example

This is the same CCG

- When deprivation is factored in, it still spends significantly more than expected

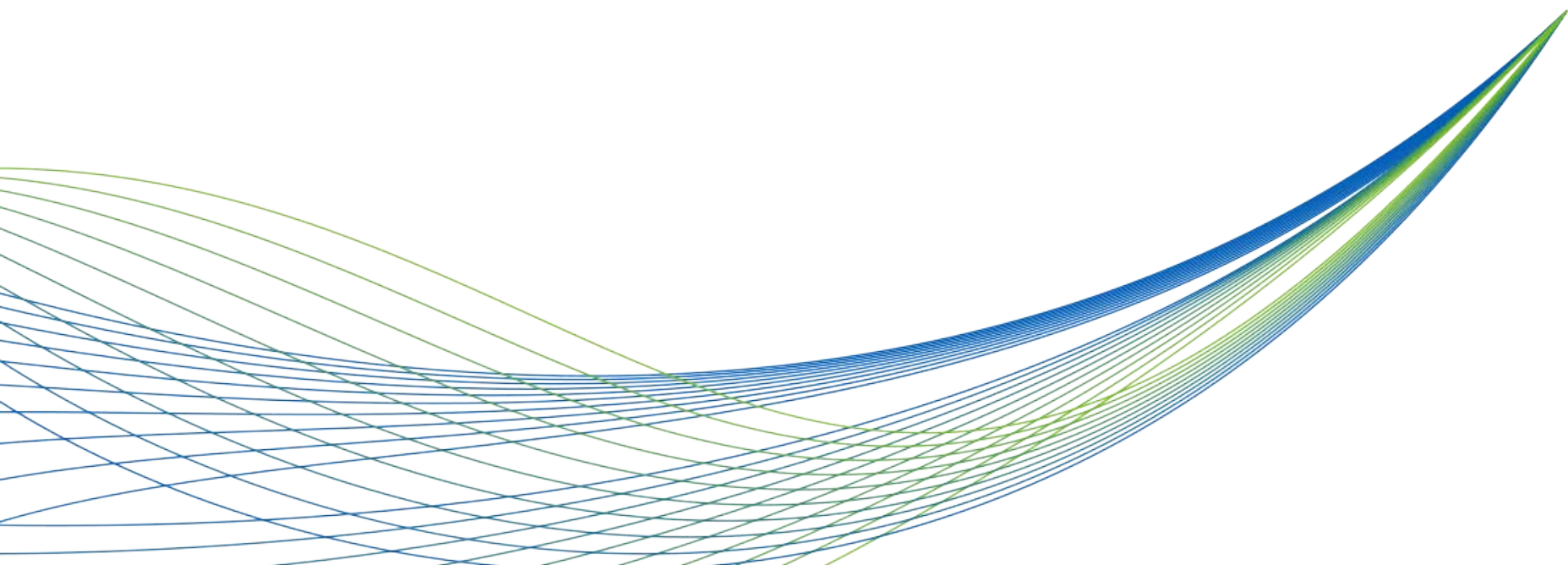


Exercise

In groups:

- Look at a local CCG's focus pack
- What are the key messages you can draw from it?
- What other information would you want to gather locally to inform understanding about to do next?
- Can you give any examples where you think local information and context helps provide further understanding?
- What issues and further questions does it raise?

Online tools



Commissioning for Value Tools

- Allows users to view maps, charts and tables for the indicators in the refreshed 'where to look' packs across CCGs, and to view a spine chart of all the indicators for one or more CCGs

Spend & Outcomes - Cancer >> % of women aged 50 - 70 screened for breast cancer in last three years >> 2014

Data
Filter
Table

CCG Clusters
Download data
Help

Boundary data ?Copyright Ordnance Survey

Indicator	Value	England	Similar 10	Best 5	England Min	Spine chart	England Max
Demographics							
NHS CCG Cluster	Pyramid	n/a	n/a	n/a			
ONS Cluster	Coastal & Country	n/a	n/a	n/a			
Socioeconomic deprivation: overall IMD score	22.73	21.89	21.66	n/a	5.65		51.55
Obesity prevalence (%)	10.90	9.03	10.80	n/a	4.01		14.11
Smoking prevalence (%)	17.20	16.41	16.26	n/a	10.27		24.58
Spend & Outcomes - Cancer							
Spend on elective and day-case admissions for Cancer per 1,000 population	23,428	23,942	24,277	22,649	15,576		33,883
Spend on non-elective (emergency and other non-elective) admissions for Cancer...	6,415	8,725	8,826	7,981	3,961		18,469
Spend on primary prescribing for Cancer per 1,000 ASTRO-PU weighted population	5,971	4,716	6,017	5,245	2,248		7,854
% of cancers detected at an early stage (1 or 2) - Breast	52.91	70.98	70.31	80.03	36.25		88.03
One year cancer survival rate for breast, lung and colorectum cancers for ages 15...	70.17	69.46	68.69	69.83	62.11		76.15
% of women aged 50 - 70 screened for breast cancer in last three years	76.34	72.21	75.54	77.17	50.8		81.54
Mortality from all cancers: Under 75 Directly age-standardised rates (DSR) per 1...	137.9	136.3	138.8	133.2	95.1		196.3
Mortality from all cancers: All ages, Directly age-standardised rates (DSR) per 10...	278.5	273.2	278.0	270.6	194.9		370.5
Mortality from colorectal cancer: Under 75 Directly age-standardised rates (DSR),...	10.9	12.7	13.3	11.8	7.2		19.2
Mortality from lung cancer: Under 75 Directly age-standardised rates (DSR) per 1...	30.3	32.4	31.1	27.6	16.9		62.5

● NHS South Kent Coast CCG
● Stat sig worse than similar 10 ● Stat sig better than similar 10 ● Stat sig different to similar 10 (Needs local interpretation) ● No Data ●

England Median | Similar 10 ◆
 Lower quartile Worst quartile Interquartile range Best quartile Upper quartile

Name

● NHS England

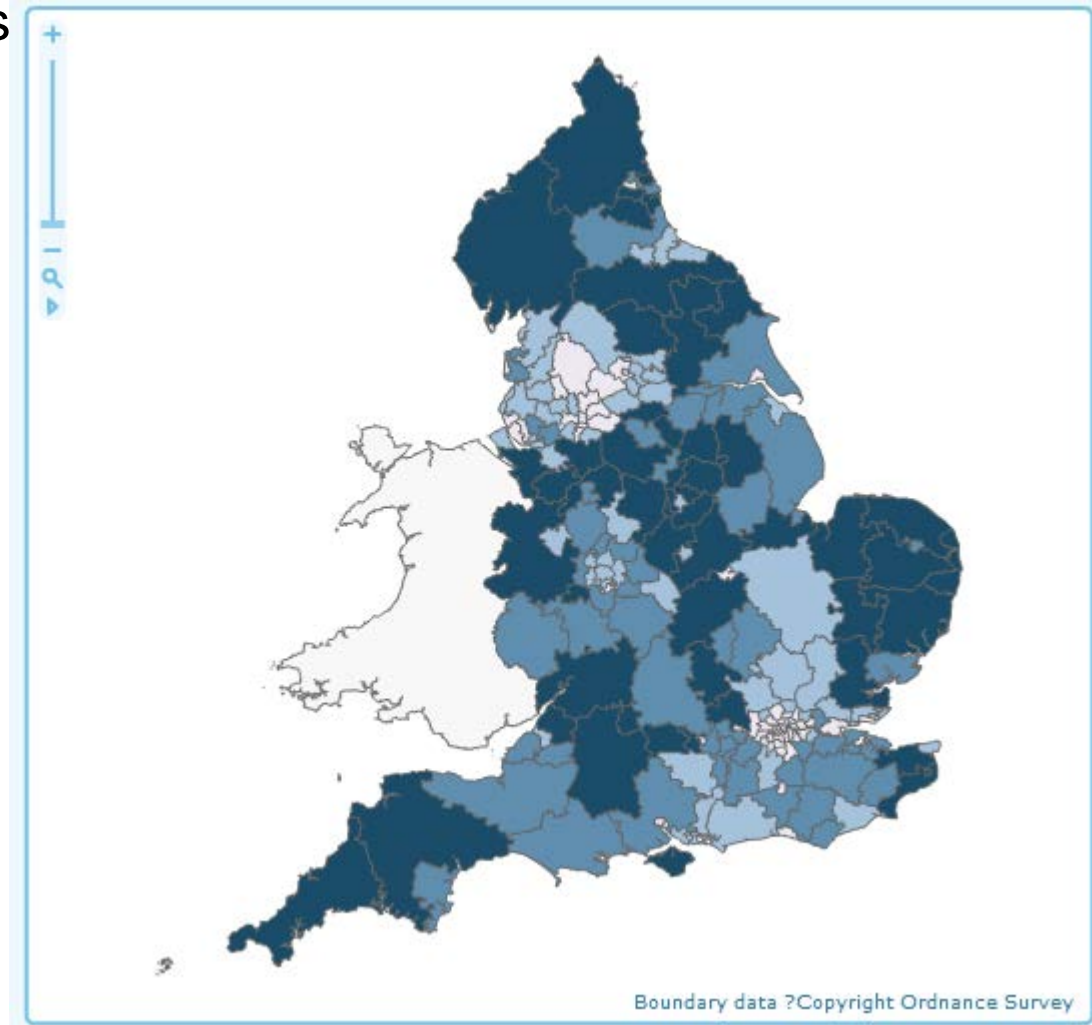
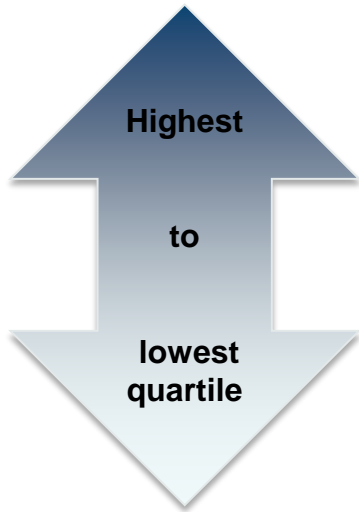
CCG Boundaries

- 50.80 - 68.33
- 68.34 - 72.70
- 72.71 - 75.73
- 75.74 - 81.54

Ranked CCGs/LAs

Variation across England

- Percentage of women aged 50-70 screened for breast cancer in the last 3 years

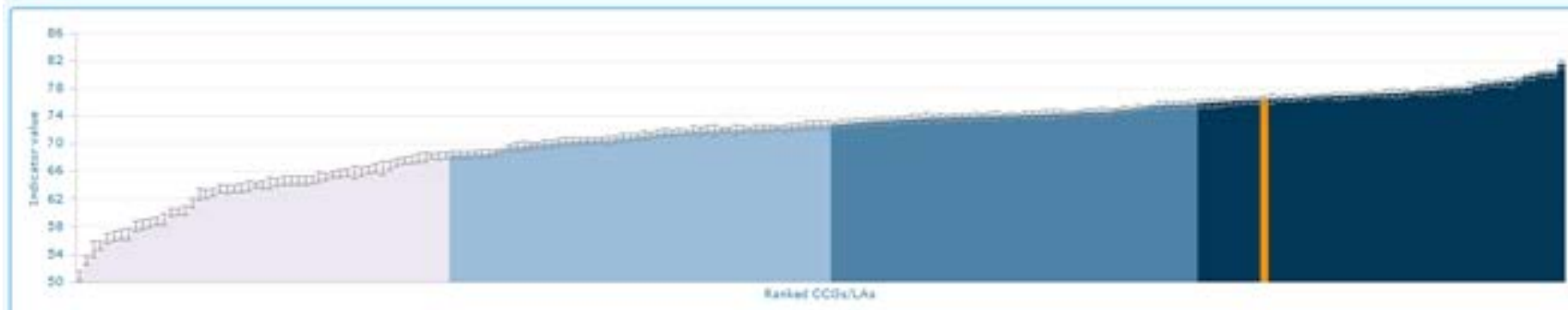


Tool shows geographic distribution as well as CCG's position

- + detailed information including comparison to similar 10

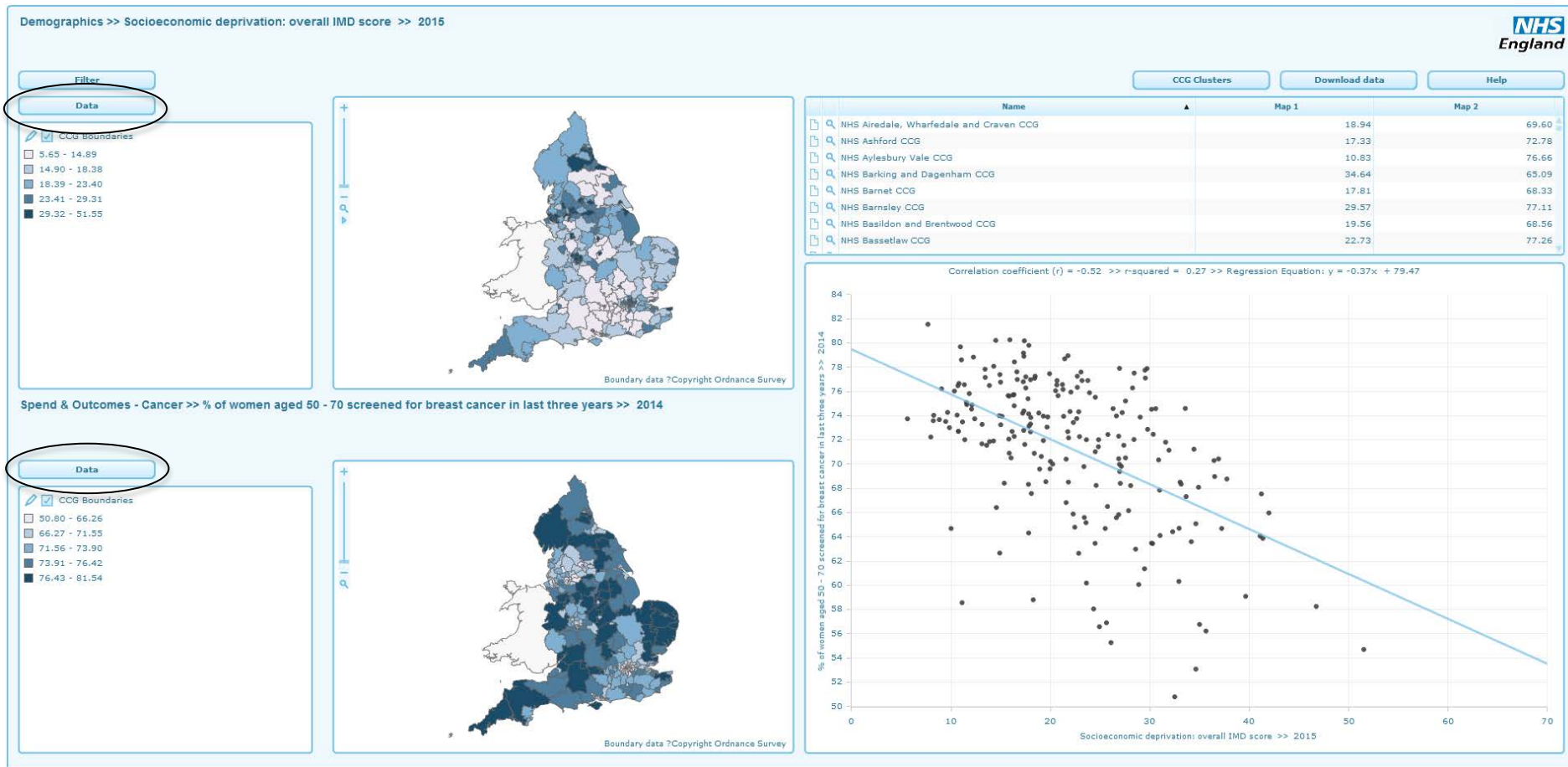
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NHS CCG Cluster	Pyramid	n/a	n/a	n/a			
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 England Median | Similar 10 ◆
 Lower quartile ■ Worst quartile ■ Interquartile range ■ Best quartile ■ Upper quartile ■



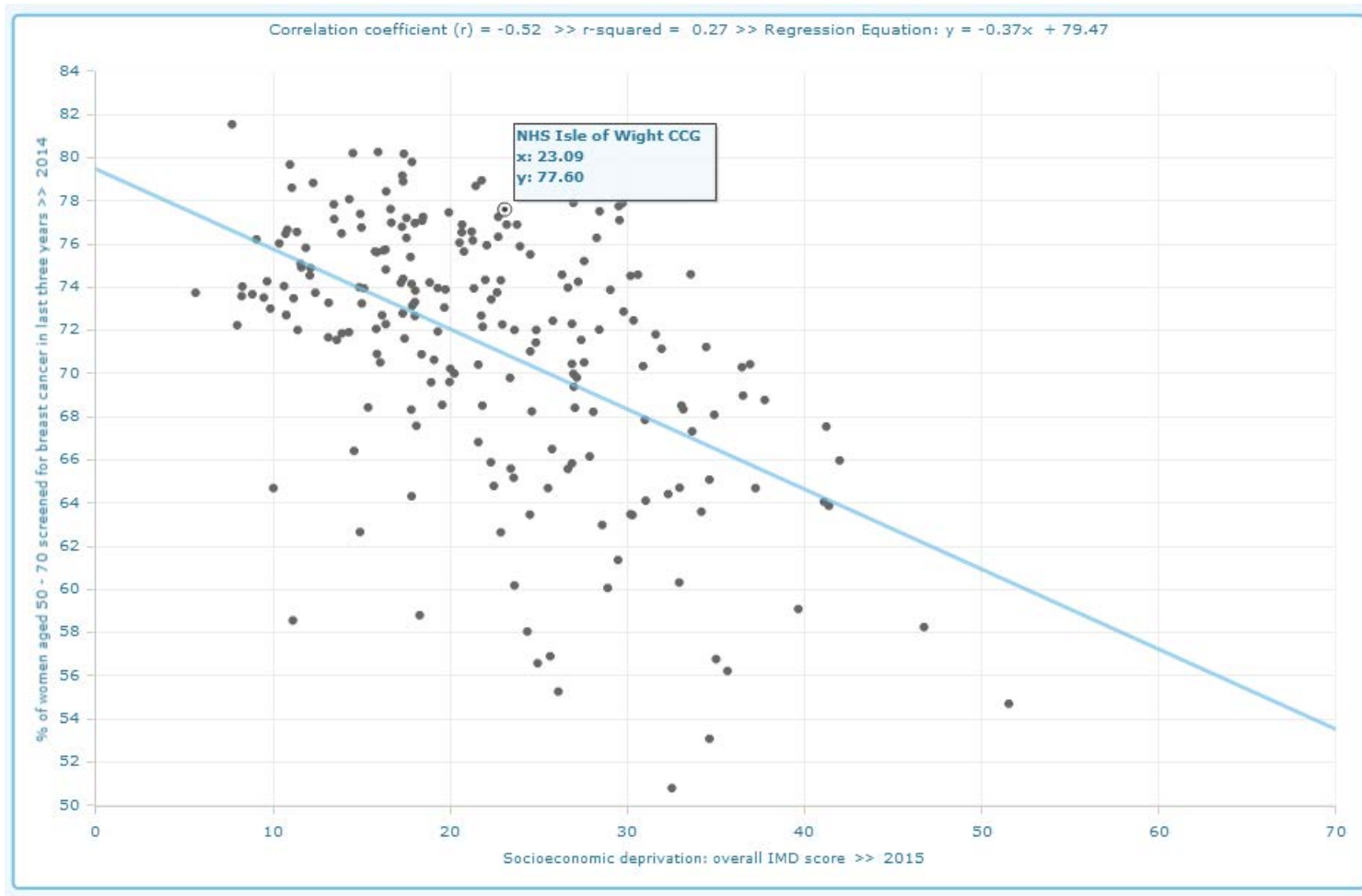
Explorer tool

Allows the user to explore the relationships between two indicators using maps and scatter plots.

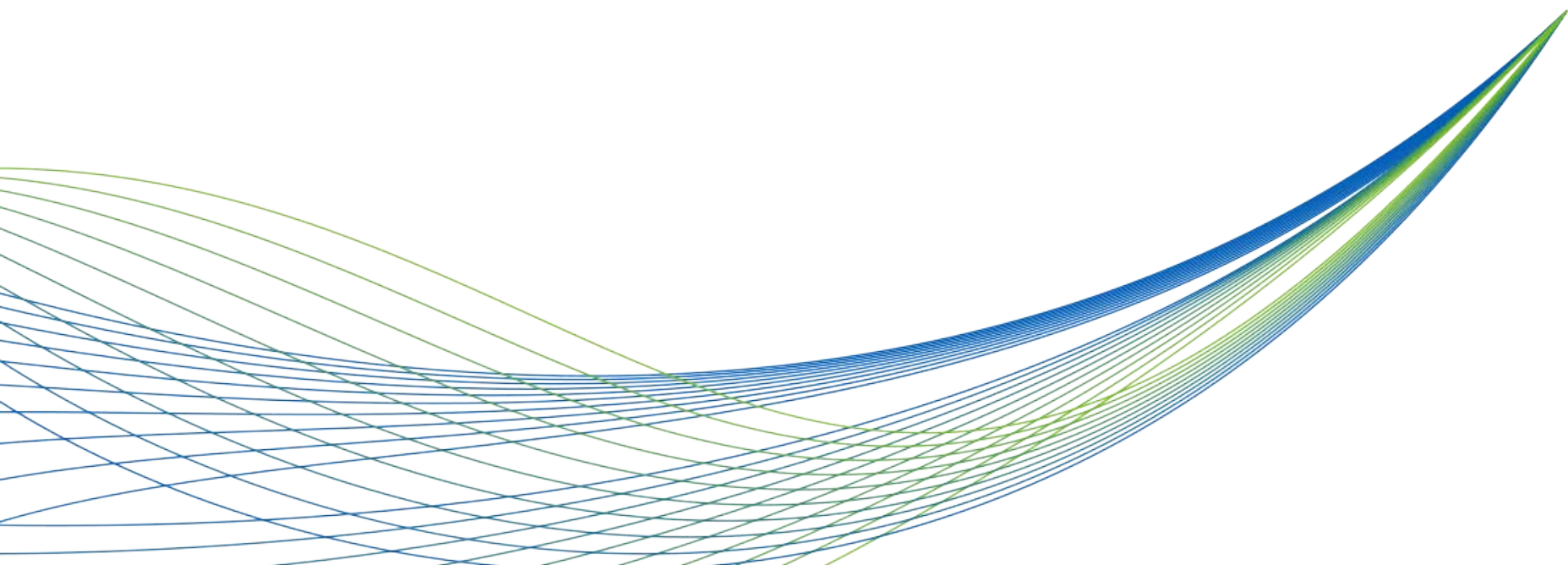


Example: Deprivation and breast cancer screening

- Areas with higher deprivation tend to have lower screening rates
- But there's still variation in screening rates compared to what might be 'expected'



STP summary packs



Identifies Common Opportunities across the STP

Spend & Outcomes

Musculoskeletal	North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland
Cancer	North Tyneside, Northumberland, South Tyneside, Sunderland
Trauma and Injuries	North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside
Gastro-intestinal	Northumberland, Newcastle Gateshead, South Tyneside
Respiratory	North Tyneside, Newcastle Gateshead, Sunderland

Outcomes

Trauma and Injuries	North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland
Musculoskeletal	North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside
Maternity	Northumberland, Newcastle Gateshead, South Tyneside, Sunderland
Gastro-intestinal	Northumberland, Newcastle Gateshead, South Tyneside
Endocrine	North Tyneside, Newcastle Gateshead, Sunderland

Spend

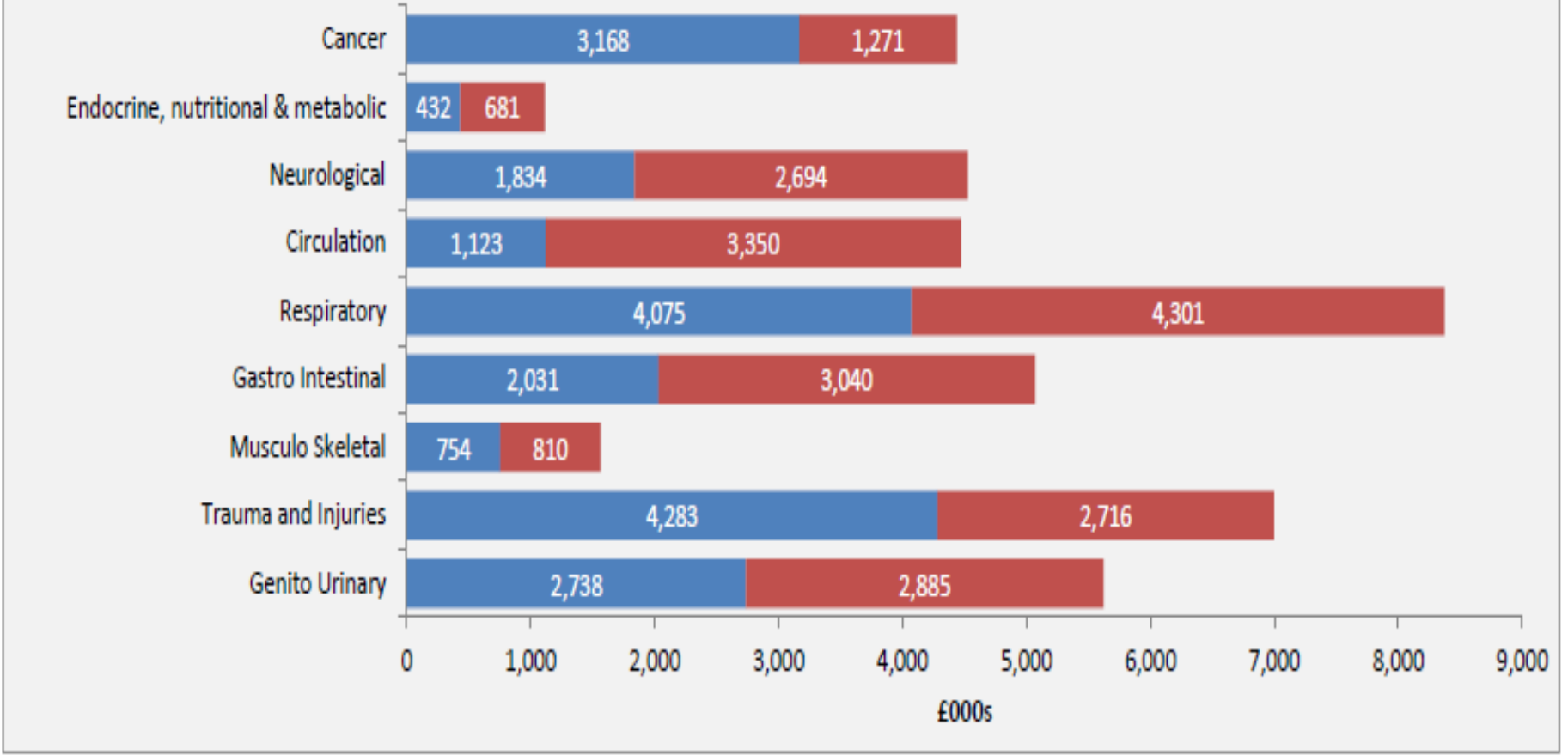
Gastro-intestinal	North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland
Cancer	North Tyneside, Northumberland, South Tyneside, Sunderland
Musculoskeletal	North Tyneside, Northumberland, Newcastle Gateshead, Sunderland
Circulation	North Tyneside, Northumberland, South Tyneside
Respiratory	Newcastle Gateshead, South Tyneside, Sunderland

The STP pack shows total opportunities for lives saved, and primary care prescribing, elective and non-elective admissions expenditure



A value is only shown where the opportunity is statistically significant

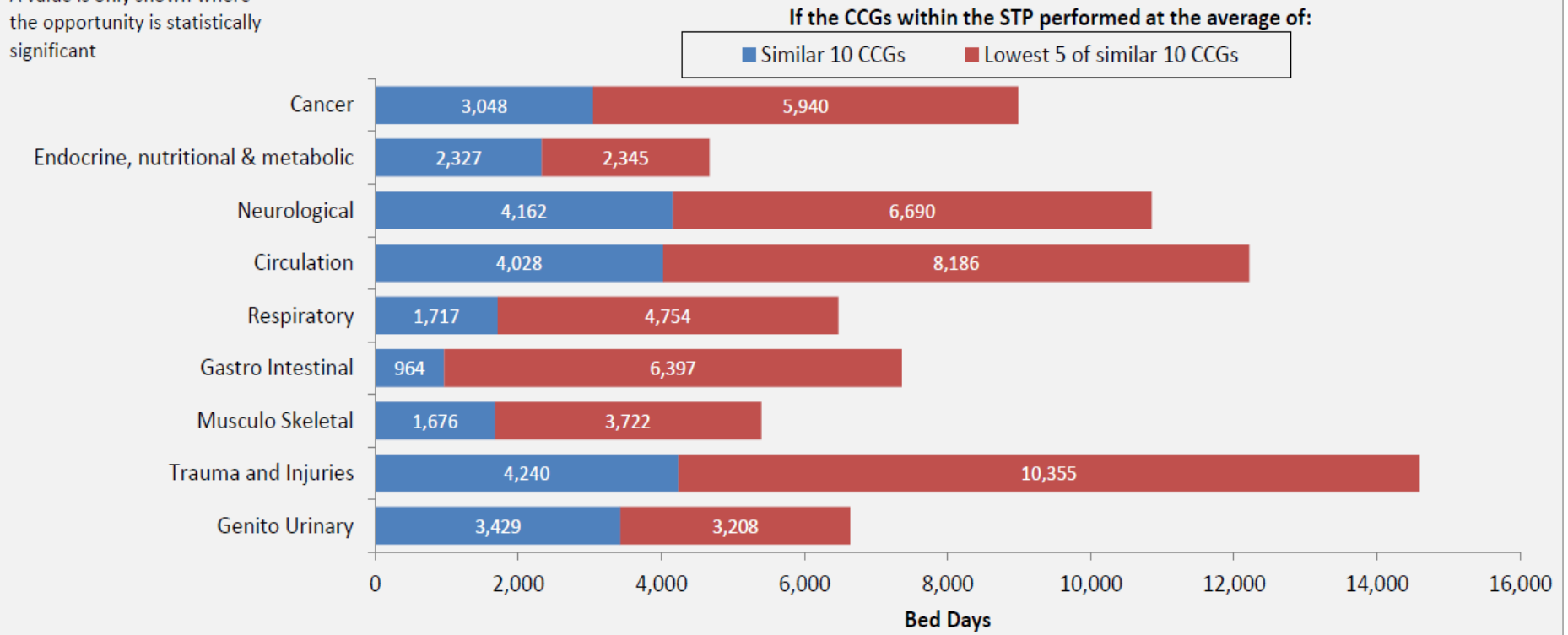
If this CCG performed at the average of:



Coordinating reallocation of capacity

How different are we on bed days?

A value is only shown where the opportunity is statistically significant



How to read your STP pathways

The following slides provide a more detailed look at 19 'Pathways on a page' for each CCG within the STP.














The intention of these pathways is not to provide a definitive view, but to help commissioners explore potential opportunities. These slides help to understand how performance in one part of the pathway may affect outcomes further along the pathway.

Each row in the matrix represents a CCG in your STP area and how it compares to its similar 10 CCGs across that pathway. The similar 10 CCGs are not necessarily in the same STP. These Pathways on a Page allow an STP to examine which programmes have common opportunities for several CCGs across the entire pathway, or for part of a pathway (such as primary care or detection) for several CCGs. Therefore, STPs may find it useful to scan the charts both horizontally and vertically.

The key to the right shows how to interpret the coloured squares and arrows.

The STP opportunities underneath each indicator name sum the CCG opportunities benchmarked against the average of the best 5 CCGs, unlike the coloured squares which benchmark against the average of the similar 10 CCGs.

Opportunities are calculated for all RAG-rated indicators except for the stated exceptions.

	CCG is statistically significantly HIGHER
	CCG is statistically significantly LOWER
	CCG HIGHER but not statistically significant
	CCG LOWER but not statistically significant
	CCG is equal to benchmark
	CCG WORSE/HIGHER but not statistically significant
	CCG WORSE/LOWER but not statistically significant
	CCG BETTER/HIGHER but not statistically significant
	CCG BETTER/LOWER but not statistically significant
	CCG is equal to benchmark
	CCG is statistically significantly WORSE
	CCG is statistically significantly BETTER
	CCG has no published data for this indicator or value is suppressed due to small numbers

Lower GI Cancer Pathway on a Page for all CCGs in the STP

- Not changed methodology – still looking at individual CCGs and comparing to their similar 10
- Helps identify areas where there may be benefits in working at an STP level

	2015	2010	2012-14	2015/16	2014/15	2014/15	2015/16	2006-2013	2015/16	2015/16	2013	2012-14	2013 (2011)
	Deprivation	Colorectal cancer prevalence	Incidence of colorectal cancer	Obesity prevalence, 16+	Bowel cancer screening	Urgent GP referrals (colorectal cancer)	% first definitive treatment within 2 months (all cancer)	Emergency presentations for colorectal cancer	Elective spend	Non-elective spend	Lower GI cancer detected at an early stage	<75 Mortality from colorectal cancer	1 year survival (colorectal)
STP opportunity (to Best 5)					5,640 Ppl.		421 Pats.			£293K	154 Pats.	13 Lives	
Dartford, Gravesham and Swanley	▲	▼	▽	▼	■	▽	▲	▼	▲	▼	▼	▽	▲
Medway	▲	▼	▽	▲	■	▽	■	■	▼	■	■	▲	■
Swale	▲	▼	▽	▲	■	▲	■	▲	▼	▲	▲	▲	▼
Thanet	▲	▲	▲	▼	■	▲	■	▼	▼	■	■	▲	▲
Canterbury and Coastal	▼	▼	▲	▼	■	▲	■	▼	▼	▼	■	▽	■
South Kent Coast	▲	▼	▲	▼	■	▲	■	▼	▼	▲	■	▽	■
Ashford	▲	▼	▽	▲	■	▲	■	▼	▼	▼	▼	■	▲
West Kent	▼	▼	▽	▼	■	▲	▼	▼	▼	▼	▼	▲	▲

What we've published to date

Jan 2017: Mental Health in depth packs

Dec 2016: STP footprint packs and Long term conditions packs

Oct 2016: Refreshed 'Where to look' packs

Sep 2016: Optimal value pathway on CVD prevention

April/May 2016: Commissioning for Value focus packs x7

Jan 2016: 'Where to look' packs

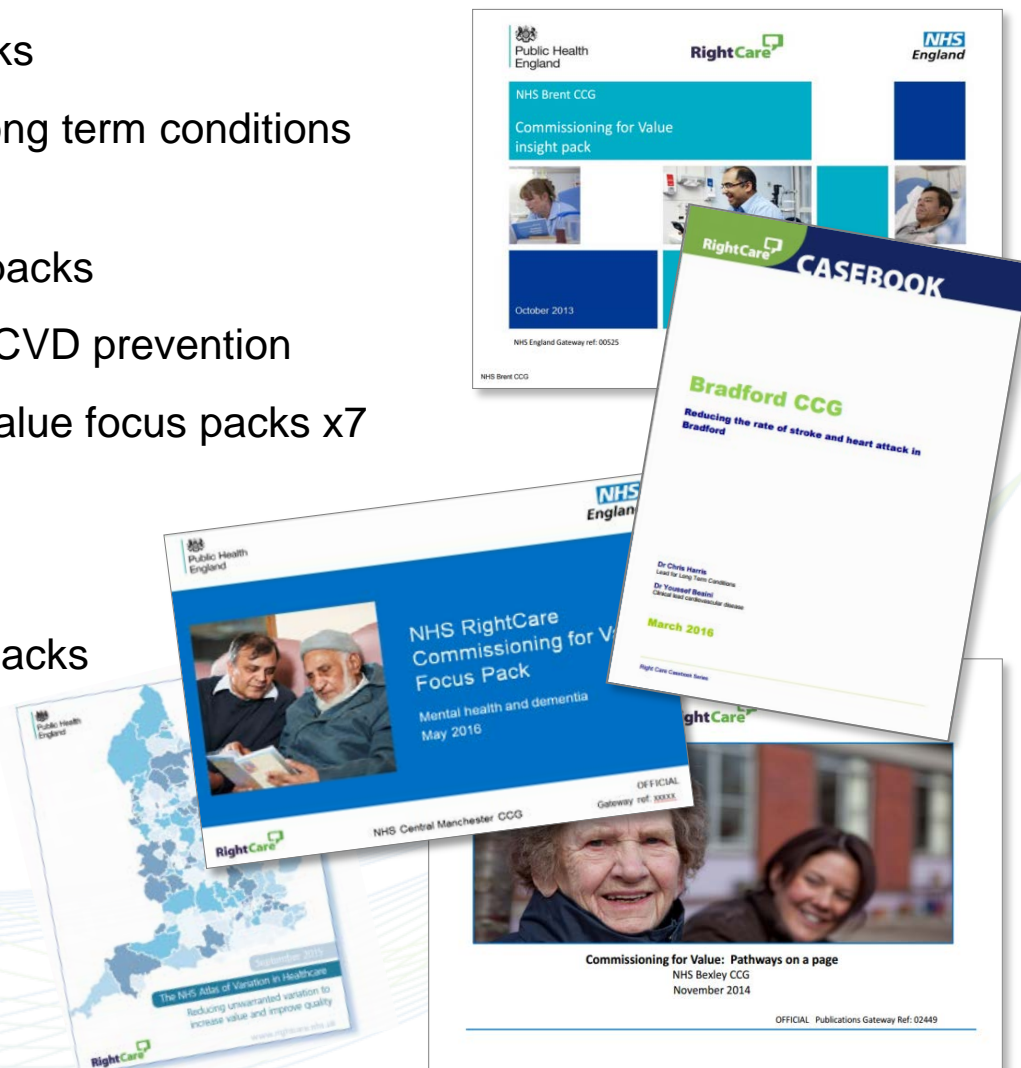
Sep 2015: Atlas of Variation V9

Feb 2015: Integrated care pathways packs

Nov 2014: Pathways on a page

Oct 2013: Original insight packs

2013 – 2016: Various casebooks



To come...

Feb & March 2017:

- Updated Where to Look packs to include latest 2015/16 QOF data and information on bed days
- Practice level packs
- Updated focus pack data (2015/16 and in some instances first half of 2016/17) for the key indicators



Support and further information

We want to support people within local health economies to use the tools and resources. This can be through:

- FAQs, webinars and videos
- Training sessions or network meetings
- Delivery Partners
- Helpdesk – england.healthinvestmentnetwork@nhs.net

All the Commissioning for Value materials and supporting documents are on the NHS England website at:

<https://www.england.nhs.uk/rightcare>

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