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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Maximise Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles</td>
<td></td>
</tr>
<tr>
<td>Get everyone talking about same stuff</td>
<td>Talk about fix and future</td>
</tr>
</tbody>
</table>

| Phases | Where to Look | What to Change | How to Change |

| Ingredients | 1 Clinical leadership | 2 Indicative data | 3 Engagement | 4 Evidential data | 5 Effective processes |

The diagram illustrates the core components of the NHS RightCare approach, focusing on principles, phases, and ingredients to optimize value and improve patient care.
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.
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

**Original Similar 10**

<table>
<thead>
<tr>
<th>Overall deprivation</th>
<th>Health deprivation</th>
<th>Population total</th>
<th>Under 5s</th>
<th>5-14yrs</th>
<th>15-24yrs</th>
<th>75+</th>
<th>ADSONS</th>
<th>Population density</th>
<th>Population density slope</th>
<th>% Black</th>
<th>% Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Surrey Downs CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS East Surrey CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS Rushcliffe CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS East Leicestershire And Rut</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS South Gloucestershire CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS North Somerset CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS North Hampshire CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS Mid Essex CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS Basildon And Brentwood C</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NHS Guildford And Waverley CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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.
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
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

NHS
RightCare
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

<table>
<thead>
<tr>
<th>Spend &amp; Outcomes</th>
<th>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>North Tyneside, Northumberland, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Trauma and Injuries</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside</td>
</tr>
<tr>
<td><strong>Gastro-intestinal</strong></td>
<td>Northumberland, Newcastle Gateshead, South Tyneside</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>North Tyneside, Newcastle Gateshead, Sunderland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma and Injuries</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td>Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Gastro-intestinal</strong></td>
<td>Northumberland, Newcastle Gateshead, South Tyneside</td>
</tr>
<tr>
<td><strong>Endocrine</strong></td>
<td>North Tyneside, Newcastle Gateshead, Sunderland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spend</th>
<th>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gastro-intestinal</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>North Tyneside, Northumberland, South Tyneside, Sunderland</td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td>North Tyneside, Northumberland, Newcastle Gateshead, Sunderland</td>
</tr>
<tr>
<td><strong>Circulation</strong></td>
<td>North Tyneside, Northumberland, South Tyneside</td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>Newcastle Gateshead, South Tyneside, Sunderland</td>
</tr>
</tbody>
</table>
The STP pack shows total opportunities for lives saved, and primary care prescribing, elective and non-elective admissions expenditure.
Coordinating reallocation of capacity

How different are we on bed days?

A value is only shown where the opportunity is statistically significant.

If the CCGs within the STP performed at the average of:

- Similar 10 CCGs
- Lowest 5 of similar 10 CCGs

<table>
<thead>
<tr>
<th>Category</th>
<th>Bed Days Similar 10 CCGs</th>
<th>Bed Days Lowest 5 of similar 10 CCGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>3,048</td>
<td>5,940</td>
</tr>
<tr>
<td>Endocrine, nutritional &amp; metabolic</td>
<td>2,327</td>
<td>2,345</td>
</tr>
<tr>
<td>Neurological</td>
<td>4,162</td>
<td>6,690</td>
</tr>
<tr>
<td>Circulation</td>
<td>4,028</td>
<td>8,186</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1,717</td>
<td>4,754</td>
</tr>
<tr>
<td>Gastro Intestinal</td>
<td>964</td>
<td>6,397</td>
</tr>
<tr>
<td>Musculo Skeletal</td>
<td>1,576</td>
<td>3,722</td>
</tr>
<tr>
<td>Trauma and Injuries</td>
<td>4,240</td>
<td>10,355</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>3,429</td>
<td>3,208</td>
</tr>
</tbody>
</table>
How to read your STP pathways

The following slides provide a more detailed look at ‘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.
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

<table>
<thead>
<tr>
<th>STP opportunity (to Best 5)</th>
<th>Deprivation</th>
<th>Colorectal cancer prevalence</th>
<th>Incidence of colorectal cancer</th>
<th>Obesity prevalence</th>
<th>Bowel cancer screening</th>
<th>Urgent GP referrals (colorectal cancer)</th>
<th>% first definitive treatment within 2 months (all cancer)</th>
<th>Emergency presentations for colorectal cancer</th>
<th>Elective spend</th>
<th>Non-elective spend</th>
<th>Lower GI cancer detected at an early stage</th>
<th>&lt;75 Mortality from colorectal cancer</th>
<th>1 year survival (colorectal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartford, Gravesham and Swanley</td>
<td>▲▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>Medway</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>Swale</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>Thanet</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>Canterbury and Coastal</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>South Kent Coast</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>Ashford</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
<tr>
<td>West Kent</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td>▲ ▲ ▲ ▲ ▲</td>
<td></td>
</tr>
</tbody>
</table>
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: Reffreshed ‘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/