NHS Vale of York CCG

Commissioning for Value insight pack

October 2013
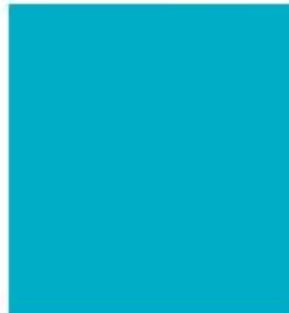
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NHS Vale of York CCG

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The call to action

In his letter of 10 October, Sir David Nicholson set out ten key points to support planning for a sustainable NHS. The letter included information about these 'Commissioning for Value ' packs for CCGs which will help you identify the best opportunities to increase value and improve outcomes.

The insights in these packs will support local discussion about prioritisation and utilisation of resources. The aim of this pack is to help local leaders to improve healthcare quality, outcomes and efficiency by providing the first phase in the NHS Right Care approach - "Where to Look". That is, where to look to help CCGs to deliver value to their populations.

They are also the first product CCGs will receive as part of the new planning round for commissioners - a vital part of NHS England's 'Call to Action' where everyone is being encouraged to take an active part in ensuring a sustainable future for the NHS.

The approach - where to look...using indicative data
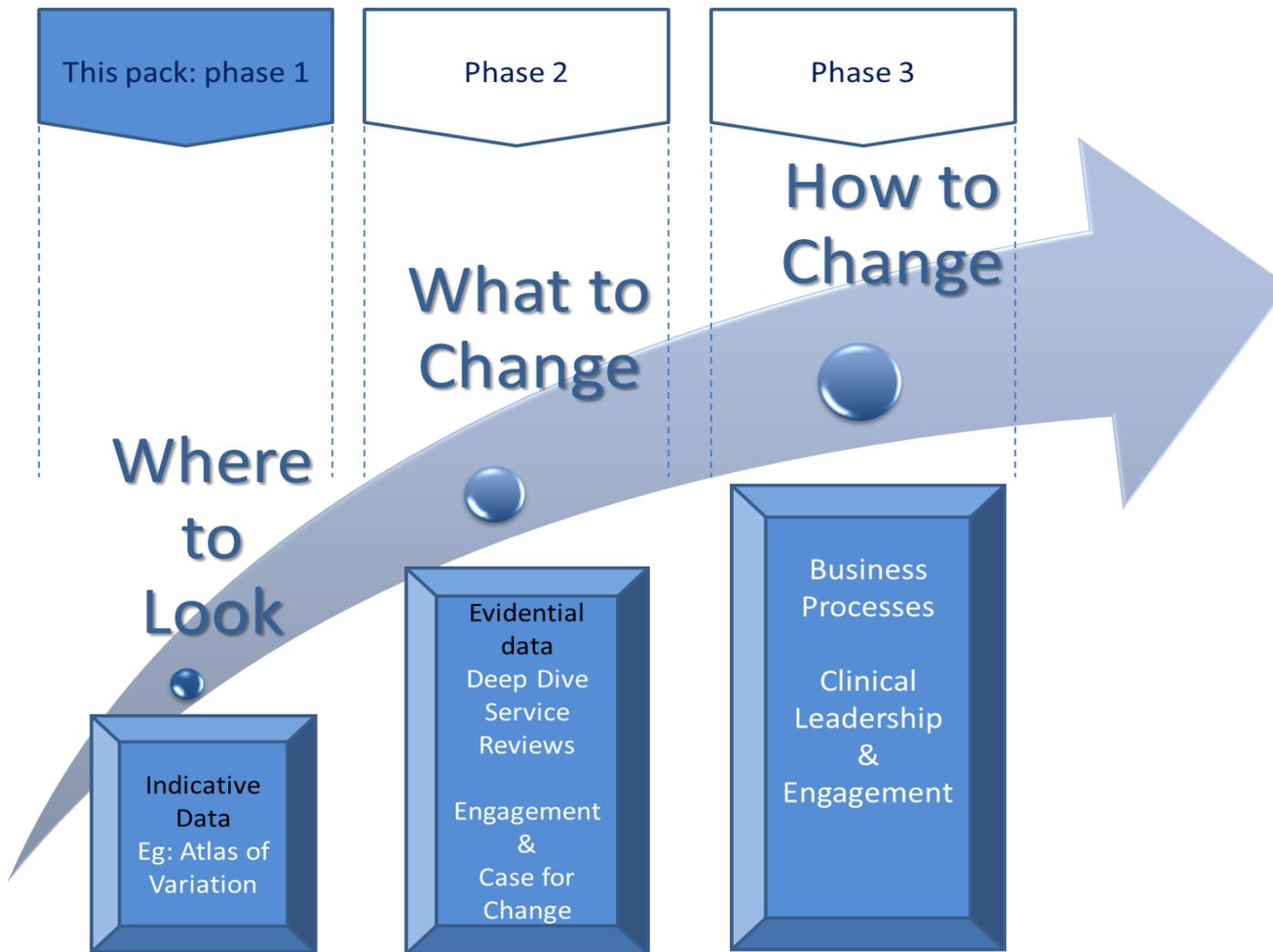
The Commissioning for Value approach begins with a review of **indicative data** to highlight the top priorities (opportunities) for transformation and improvement.

This packs begins the process for you by offering a triangulation of nationally-held data that indicates where CCGs may gain the highest value healthcare improvement by focussing their reforms.

To learn more about Phases 2 & 3 – **What** and **How to Change**, see the slides later in this pack.

The approach

This pack contains a range of improvement opportunities to help CCGs identify where local health economies can focus their efforts – '**where to look**' – and describes how to approach local prioritisation. It does not seek to provide phases 2 and 3 of the overall approach. Information on these phases will be explained in detail at the national events.

National events will be held on the 12th (London) and 13th (Manchester) of November. These will help CCGs identify how they can incorporate the commissioning for value approach into their strategic and annual planning. They will allow them to find out more about CCGs that are already using the approach to drive real improvement: both on health outcomes and financial sustainability. To book your place go to **www.rightcare.nhs.uk/commissioningforvalue**

Pre-event support will be available to help CCGs understand more about the detail in the packs. Advice on how to interpret the data will be provided. This will include introducing CCGs to the whole range of health investment tools and guidance on how to use these.

Post-event support will be available to provide in depth pathway analysis. NHS Right Care will also be able to provide advice on how to deliver optimal health care.

Why Act – what benefits do the population get?

**CCGs can and are using the "Right Care approach" to shift spend**

- Achieved Turnaround (Warrington CCG - Winner of HSJ Commissioning Organisation of the Year 2012)
- Financial sustainability (West Cheshire CCG - Winner of HSJ Commissioning Organisation of the Year 2010, **see Annex 1**)
- Clinically led annual QIPP planning and delivery (Borough of Wigan) and Clinical Leaders driving change (Vale of York CCG)
- Galvanising commissioners in a growing number of health economies (20+ CCGs and growing)

The NHS Right Care approach to value improvement

The NHS Right Care approach is to focus on clinical programmes and identify value opportunities, as opposed to focussing on organisational or management structures and boundaries.
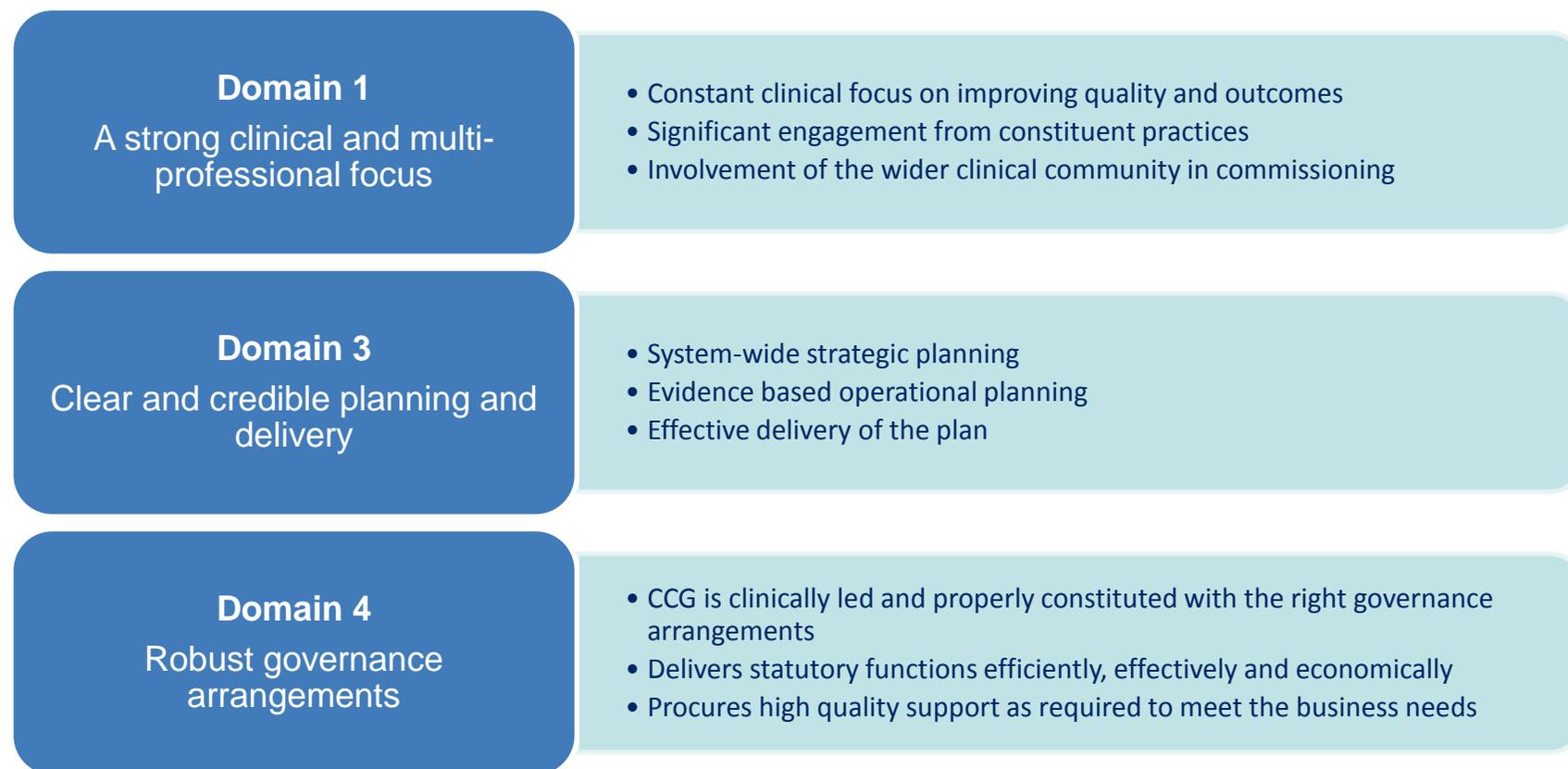
Value opportunities exist where a health economy is an outlier and therefore will most likely yield the greatest improvement to clinical pathways and policies.

Triangulation of **indicative data** balances Quality, Spend and Outcome and ensures robust assessment.

Elements of value

Quality

Spend

Patient Outcome
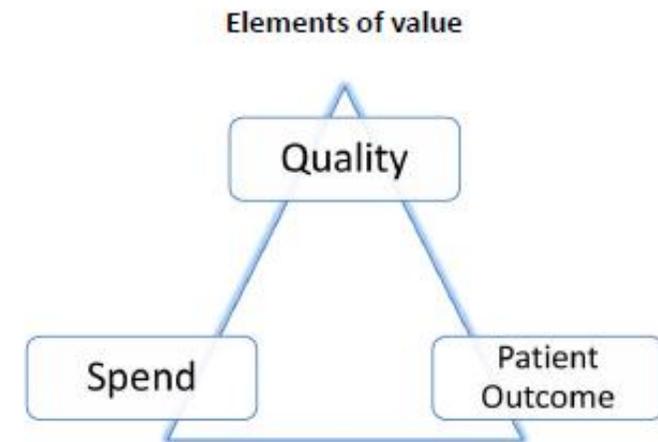
CCG Development

The use of these packs and the approach described can help CCGs develop the strategic commissioning skills necessary for delivering quality care today and transforming services for tomorrow, as outlined in the following three of the six assurance domains:
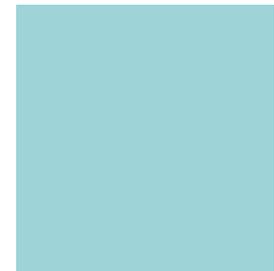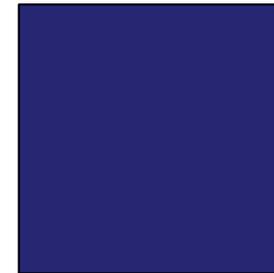
Domain 1
A strong clinical and multi-professional focus

- Constant clinical focus on improving quality and outcomes
- Significant engagement from constituent practices
- Involvement of the wider clinical community in commissioning

Domain 3
Clear and credible planning and delivery

- System-wide strategic planning
- Evidence based operational planning
- Effective delivery of the plan

Domain 4
Robust governance arrangements

- CCG is clinically led and properly constituted with the right governance arrangements
- Delivers statutory functions efficiently, effectively and economically
- Procures high quality support as required to meet the business needs

What does your data tell you?

Your value opportunities in NHS Vale of York CCG

What is in this section?

This section brings together a range of nationally-held data on spend, drivers of spend (e.g. disease prevalence, secondary care use) and quality/outcomes to indicate where the CCG may gain high value healthcare improvements by focussing its reforms. It relates to **Phase** 1 of the process set out earlier in the pack and focusses on the question *'Where to look?'* To learn more about Phase 2 and phase 3 – *What* and *How to Change*, see later slides.

The analysis presented over the following pages shows the improvement opportunities for your CCG:

1. **Charts:** potential financial savings and potential lives saved (where mortality outcome is appropriate) for the 10 of the highest spending major programmes when compared with similar CCGs in England. Savings are shown compared with the average of the other 10 CCGs in the cluster group (blue bar) and compared with the average for the 'best' 5 of the cluster (blue and red bars combined). See 'methodology' annex for further details.

2. **Tables**: The tables show those indicators which are significantly worse than the average for the 'best' 5 CCGs in the cluster group and the scale of opportunity if the CCG improves to the average for those best 5.

The analysis is based on a comparison with your most similar CCGs which are:

- NHS West Leicestershire CCG
- NHS Lincolnshire West CCG
- NHS East Riding of Yorkshire CCG
- NHS Bath and North East Somerset CCG
- NHS South Worcestershire CCG

- NHS Guildford and Waverley CCG
- NHS West Cheshire CCG
- NHS North East Essex CCG
- NHS South Warwickshire CCG
- NHS Canterbury and Coastal CCG

Most of the data contained in the tables relates to the financial year 2011/12.

Headlines for your health economy

Value Opportunities

Quality & Outcomes
Circulation Problems (CVD)
Cancer & Tumours
Endocrine, Nutritional and Metabolic Problems
Mental Health Problems
Musculoskeletal System Problems

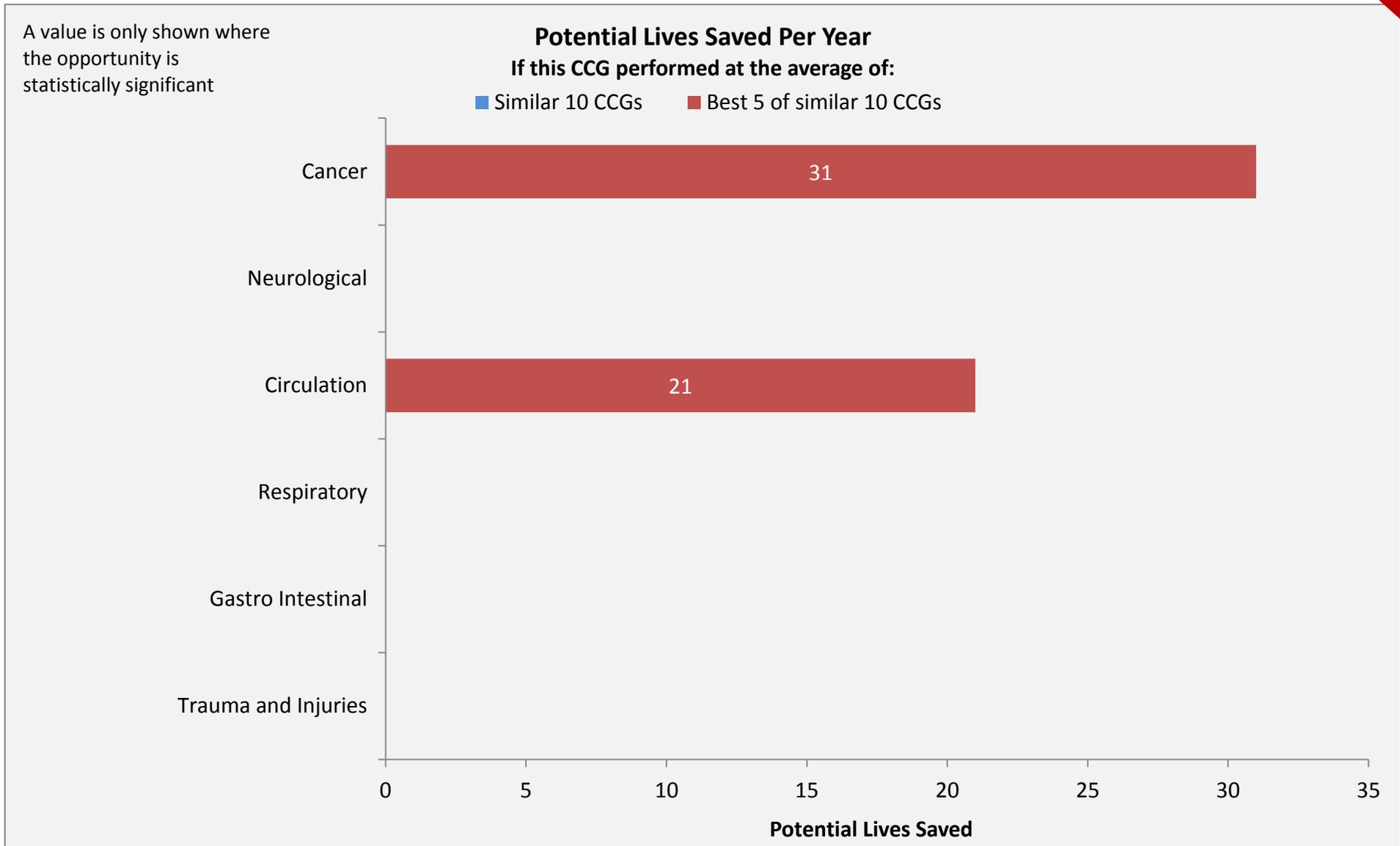**NHS Vale of York CCG**

Acute and prescribing spend
Circulation Problems (CVD)
Neurological System Problems
Gastrointestinal
Musculoskeletal System Problems
Trauma & Injuries

Spend and Quality/Outcomes
Circulation Problems (CVD)
Musculoskeletal System Problems
Cancer & Tumours
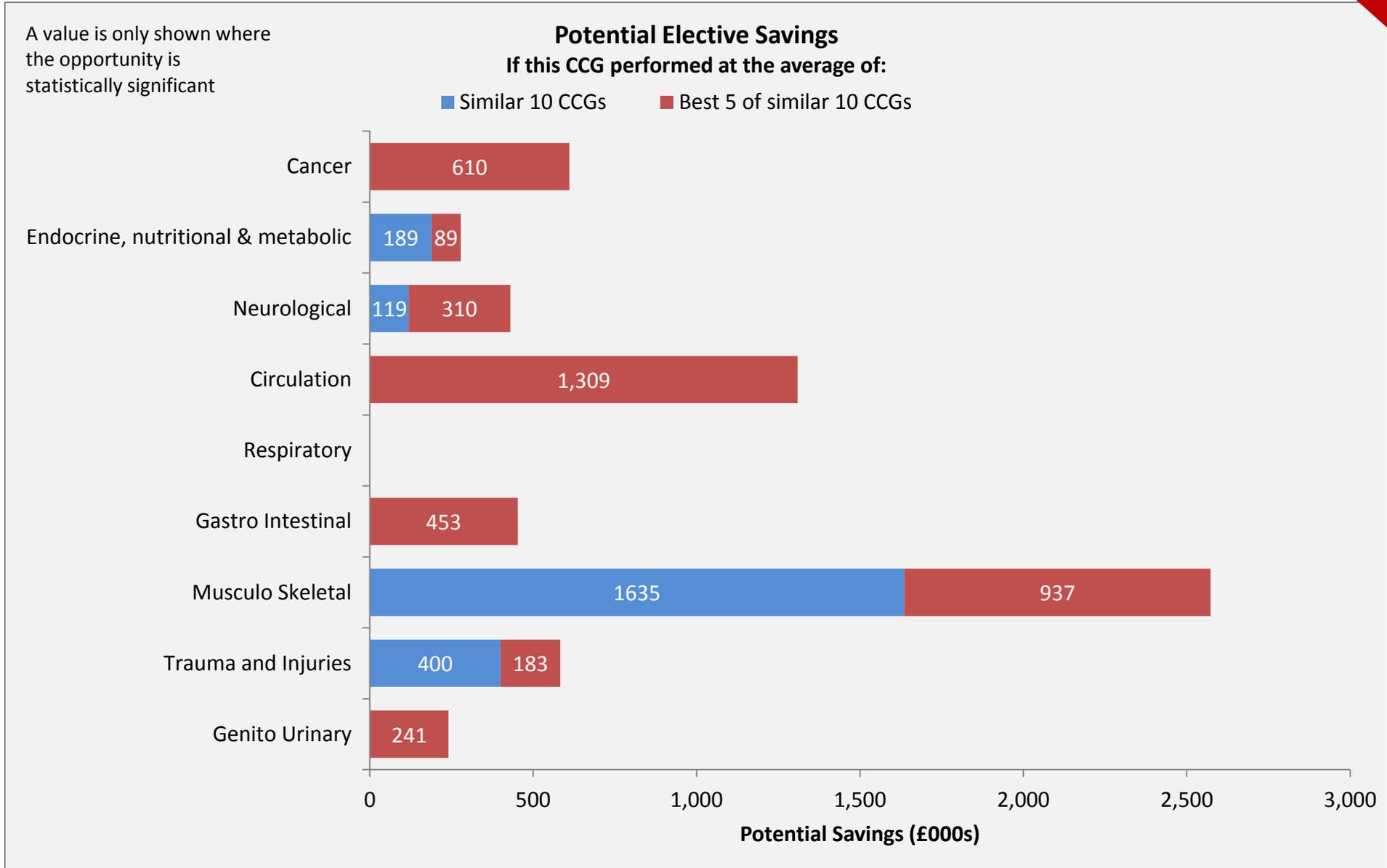Endocrine, Nutritional and Metabolic Problems
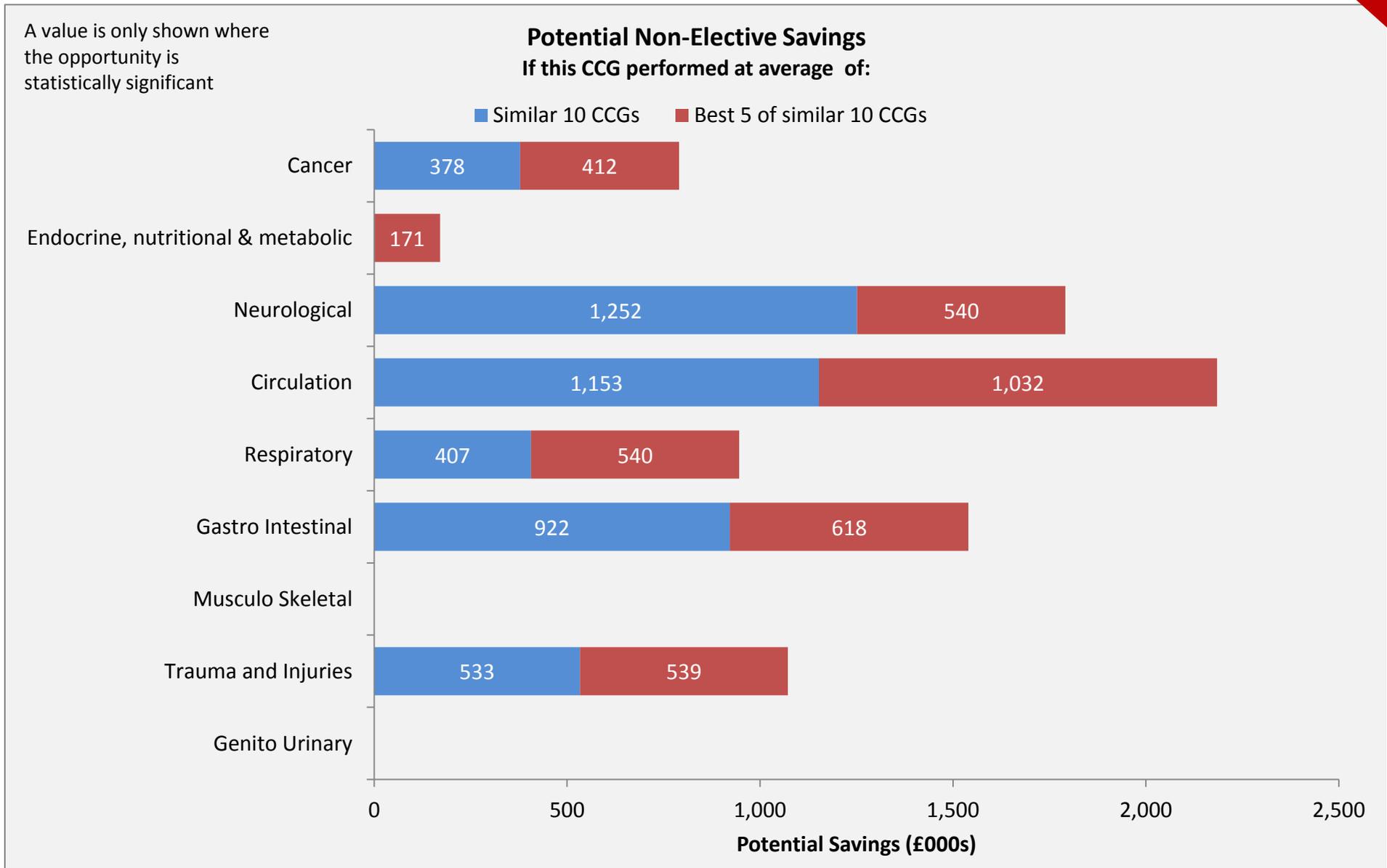
What are the potential lives saved per year?

A value is only shown where the opportunity is statistically significant

Potential Lives Saved Per Year
If this CCG performed at the average of:
■ Similar 10 CCGs   ■ Best 5 of similar 10 CCGs

Category	Value
Cancer	31
Neurological	
Circulation	21
Respiratory	
Gastro Intestinal	
Trauma and Injuries	

Potential Lives Saved

To note: Lives saved only includes programmes where mortality outcome have been considered appropriate

NHS Vale of York CCG
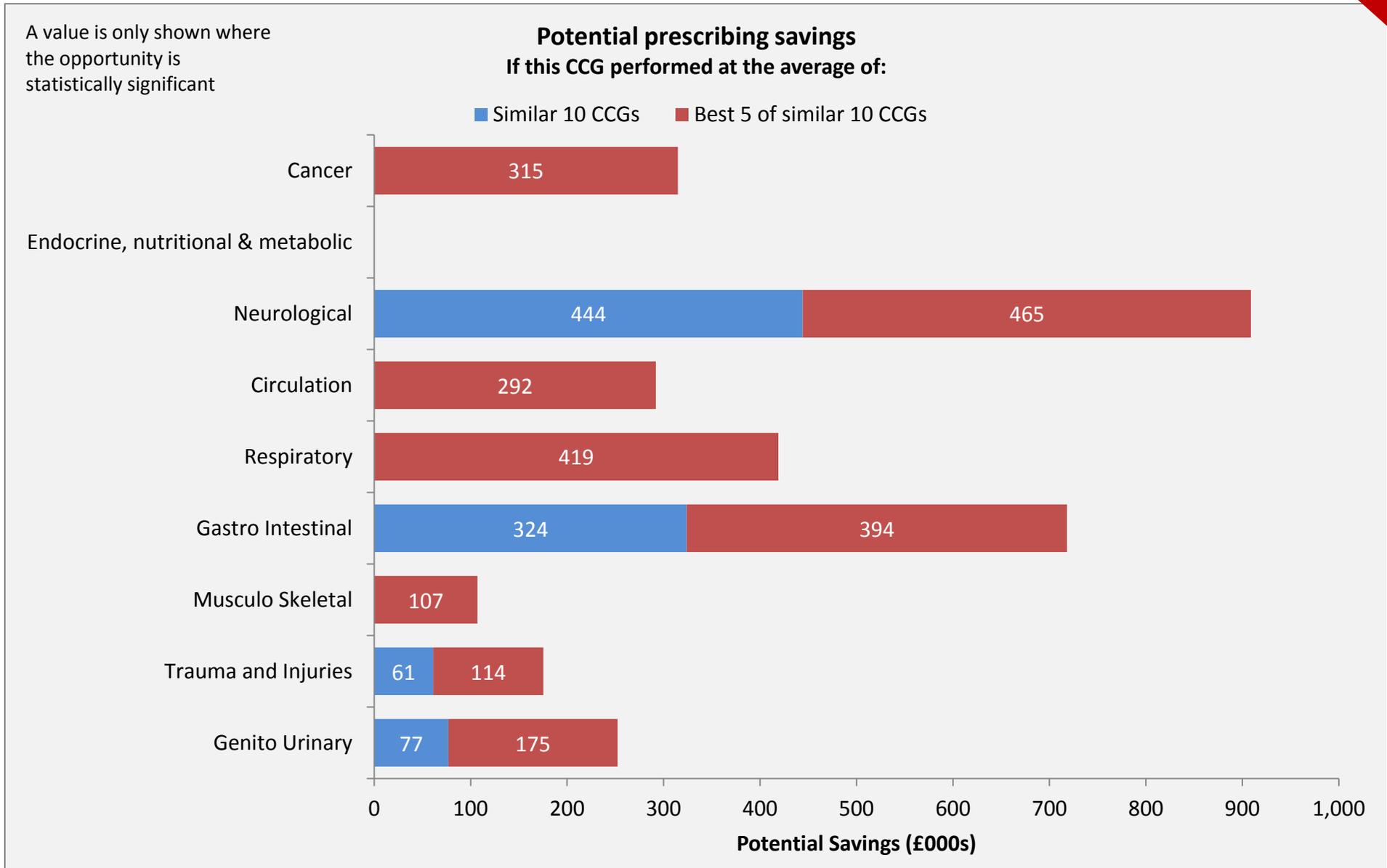
What are the potential savings on non-elective admissions?

A value is only shown where the opportunity is statistically significant

Potential Non-Elective Savings
If this CCG performed at average of:

- ■ Similar 10 CCGs
- ■ Best 5 of similar 10 CCGs

Category	Similar 10 CCGs	Best 5 of similar 10 CCGs
Cancer	378	412
Endocrine, nutritional & metabolic		171
Neurological	1,252	540
Circulation	1,153	1,032
Respiratory	407	540
Gastro Intestinal	922	618
Musculo Skeletal		
Trauma and Injuries	533	539
Genito Urinary		

Potential Savings (£000s)

(x-axis: 0, 500, 1,000, 1,500, 2,000, 2,500)

NHS Vale of York CCG

What are the potential savings on prescribing?

A value is only shown where the opportunity is statistically significant

Potential prescribing savings
If this CCG performed at the average of:

■ Similar 10 CCGs   ■ Best 5 of similar 10 CCGs

Category	Similar 10 CCGs	Best 5 of similar 10 CCGs
Cancer		315
Endocrine, nutritional & metabolic		
Neurological	444	465
Circulation		292
Respiratory		419
Gastro Intestinal	324	394
Musculo Skeletal		107
Trauma and Injuries	61	114
Genito Urinary	77	175

Potential Savings (£000s)

NHS Vale of York CCG

Improvement and saving opportunities

Disease Area	Spend	£000	Drivers of Spend and Quality	No. of patients, admissions, bed days, etc	Quality	No. of patients, life-years, referrals, etc.
Cancer & Tumours	• Elective and day-case admissions • Non-elective admissions • FHS prescribing	610 790 315	• Elective and day-case admissions • Non-elective admissions • Emergency bed days • Rate of urgent GP referrals for suspected cancer	930 253 1,796 1,320	• Mortality from all cancers under 75 years (Directly age-standardised) • Mortality from colorectal cancer under 75 years (Directly age-standardised) • Successful quitters at 4-weeks	31 16 816
Circulation Problems (CVD)	• Elective and day-case admissions • Non-elective admissions • FHS prescribing	1,309 2,184 292	• Coronary heart disease prevalence • Obesity (ages 16+) prevalence • Elective and day-case admissions • Non-elective admissions	1,913 5,002 450 441	• Mortality from all circulatory diseases under 75 years • Patients with CHD whose last blood pressure reading is 150/90 or less • Patients with CHD whose last measured cholesterol is 5 mmol/l or less • Reported prevalence of hypertension on GP registers as % of estimated prevalence • Transient ischaemic attack (TIA) cases with a higher risk who are treated within 24 hours • Patients admitted to hospital following a stroke who spend 90% of their time on a stroke unit	21 191 303 3,328 23 69
Endocrine, Nutritional and Metabolic Problems	• Elective and day-case admissions • Non-elective admissions	278 171	• Elective and day-case admissions • Observed vs expected emergency bed days for diabetes patients	962 461	• Diabetic patients whose last cholesterol was 5mmol or less • Patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less • Patients with diabetes in whom last blood pressure was 150/90 or less	206 425 351
Gastrointestinal	• Elective and day-case admissions • Non-elective admissions • FHS prescribing	453 1,540 718	• Elective and day-case admissions • Non-elective admissions	1,246 418		
Genitourinary	• Elective and day-case admissions • FHS prescribing	241 252	• Elective and day-case admissions • Non-elective admissions	1,265 108	• Patients on CKD register with hypertension and proteinuria treated with an ACE inhibitor or ARG • Patients on CKD register whose last blood pressure reading is 140/85 or less	37 481
Maternity & Reproductive Health	• FHS prescribing	107	• Non-elective admissions	641		
Mental Health Problems			• Total bed-days in hospital for patients >74 years with a secondary diagnosis of dementia • Rate of admissions to hospital for patients >74 years with a secondary diagnosis of dementia	1,099 68	• Emergency hospital admissions for self harm • People with mental illness and or disability in settled accommodation • Reported numbers of dementia on GP registers as a % of estimated prevalence	123 454 130

Disease Area	Spend	£000	Drivers of Spend and Quality	No. of patients, admissions, bed days, etc	Quality	No. of patients, life-years, referrals, etc.
Musculoskeletal System Problems (Excludes Trauma)	• Elective and day-case admissions • FHS prescribing	2,573 107	• Elective and day-case admissions	1,375	• Hip replacement, average health gain expressed in QALYs • Knee replacement, average health gain expressed in QALYs	243 69
Neurological System Problems	• Elective and day-case admissions • Non-elective admissions • FHS prescribing	430 1,791 909	• Elective and day-case admissions • Non-elective admissions	572 1,238		
Respiratory System Problems	• Non-elective admissions • FHS prescribing	946 419	• Chronic obstructive pulmonary disease prevalence • Non-elective admissions	537 562	• Reported prevalence of COPD on GP registers as % of estimated prevalence	269
Trauma & Injuries	• Elective and day-case admissions • Non-elective admissions • FHS prescribing	583 1,072 175	• Elective and day-case admissions • Non-elective admissions	135 281		
Overall	• Elective and day-case admissions • Non-elective admissions • First outpatient appointments following GP referral • FHS Prescribing	5,673 6,622 261 2,401	• Elective and day-case admissions • Non-elective admissions • First outpatient appointments following GP referral	5,795 2,332 1,665	• Potential years of life lost (PYLL) FEMALE amenable to healthcare • Potential years of life lost (PYLL) MALE amenable to healthcare	492 593

This pack presents opportunities for quality improvement and financial savings for a range of programme areas. These are based on comparing NHS Vale of York CCG to the best 5 amongst a peer group of 10.

For more information about the methodology and indicators used see Annexes 2 and 3.

Summary - Are there programmes which seem to offer more opportunities for improving value?

• The programme areas that appear to offer the greatest opportunity in terms of both quality and spending are: Circulation Problems (CVD), Musculoskeletal System Problems, Cancer & Tumours and Endocrine, Nutritional and Metabolic Problems.

• The programme areas that appear to offer the greatest opportunity for quality-related improvements are: Circulation Problems (CVD), Cancer & Tumours, Endocrine, Nutritional and Metabolic Problems, Mental Health Problems and Musculoskeletal System Problems.

• The programme areas that appear to offer the greatest opportunity for financial savings are: Circulation Problems (CVD), Neurological System Problems, Gastrointestinal, Musculoskeletal System Problems and Trauma & Injuries.

The CCG needs to balance the need to improve quality and reduce spend with the feasibility of making the improvements. If you would like to discuss this summary with a member of the team, email rightcare@nhs.net.

Note:
• Only programme areas with the greatest opportunities are listed in this summary slide.
• Improvement opportunities have been quantified to answer the question 'is it worth focusing on this area?' They may not be directly translatable into improvement targets.
• The improvement slides may indicate other opportunities even where there is no triangulation. This is especially important for mental health which has fewer measures and so is not so easily triangulated.

Now, you may be thinking…

| "The data are wrong"	"The data are old"	"Some of the data are for PCTs"	"We've already fixed that area"
The data are "indicative", they do not need to be 100% robust to indicate that improvement is needed in an area, especially where more than one indicator (triangulation) suggests the same.	The data are the most recent available. Have you done anything since to improve the pathway? If not, the opportunity remains.	CCG data are used wherever they are available. If you think that your CCG population is different – determine where you should be on the comparator before concluding that you need not act.	Great news! Double-check that the reforms have worked and move on to the next priority area identified by the indicators.

What to change, How to change
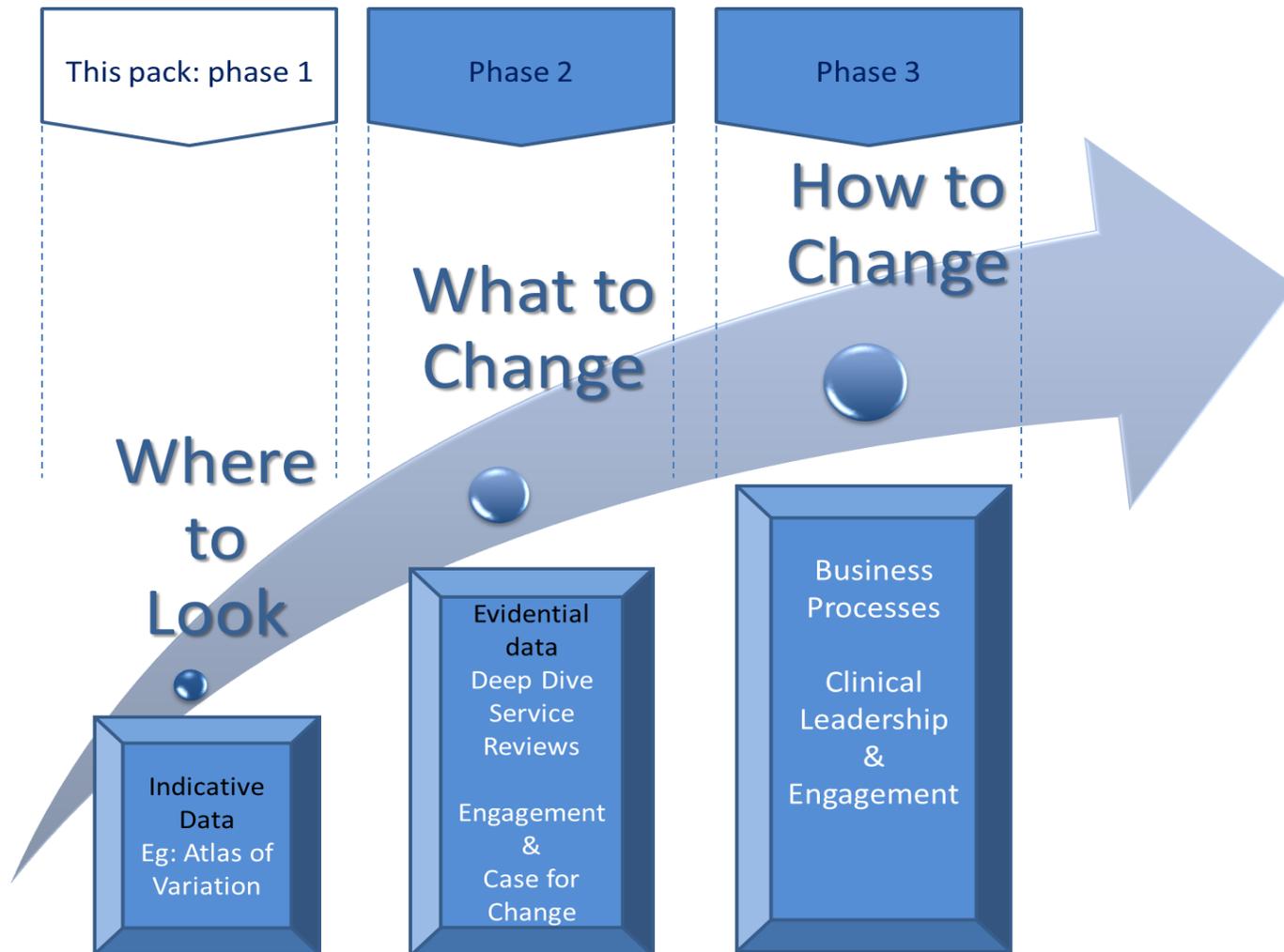
The NHS Right Care model has three basic steps: *Where to Look*; *What to Change*; and *How to Change*.

This pack supports *Where to Look* by indicating the areas of care your population can gain most benefit from your reform energies.

What to Change helps you to define what the optimal value care looks like for your population.

How to Change helps you to implement the changes to deliver that care.

Possible next steps

Sense Checking

- Compare these findings with what you are already doing/planning to do in your improvement plans
- Compare with what you already know – do not try to fix something already fixed but also, do not assume something is fixed without checking

Deep Dive Review

- **In depth analysis of a priority pathway (See What and How to Change)**
- Working with local business intelligence teams, using local and national intelligence, to define the current and the optimal system for that service area
- Identify the changes needed to move from current to optimal
- Propose and approve the changes as your reform programme in this area

Share and Deliver

- Share this pack and your conclusions with your partners
- Identify available local support to move on to "What to Change"
- Work with local transformation teams to support and deliver service redesign

An invitation to a support event

NHS Right Care, NHS England and Public Health England will bring together local CCGs, Health and Wellbeing Boards, Commissioning Support services and NHS England Area Teams for two national support events. These events will:

- showcase real life examples of the model delivering improvement and financial sustainability
- give CCGs an opportunity to discuss their pack findings with the team, and
- bring together CCGs and commissioning and transformation resources in your area

London:	Manchester:
Venue: The Business Design Centre, Islington	Venue: Mercure Hotel, Manchester Piccadilly
Date: Tuesday 12th November	Date: Wednesday 13th November
Time: 9:30am for 10:00 start	Time: 9:30am for 10:00 start

There are online booking forms for the above events on the NHS Right Care website

If you are unable to attend, NHS Right Care will be hosting a series of *Webex* presentations. Check our website at:
www.rightcare.nhs.uk/commissioningforvalue/

NHS Vale of York CCG

Further support available to CCGs

The NHS Right Care website offers resources to support CCGs in adopting this approach:

- online videos and 'how to' guides
- casebooks with learning from previous pilots
- tried and tested process templates to support taking the approach forward
- advice on how to produce "deep dive" packs locally to support later phases, within the CCG or working with local intelligence services
- access to a practitioner network

The initial **'where to look'** packs, the events and resources above and an email helpline for data analysis support to help with understanding your packs, are free.

CCGs can also opt to buy bespoke support to take forward the **'what to change'** and **'how to change' aspects** of the approach. Initial requests should be submitted to the email address below. There is also an opportunity to apply to be a **'Pioneer Health Economy'** and receive a whole support package to embed the process within the health economy including the relevant Commissioning Support units and Health and Wellbeing Boards.

Email the support team direct on: **rightcare@nhs.net** to request further help.

The CCG planning process

In addition to the Commissioning for Value packs, NHS England will be publishing further material to help commissioners navigate their way through the planning process, including detailed planning guidance and financial allocations.

You will be able to find out more about this in the CCG bulletin and on the NHS England website www.england.nhs.uk

Online annexes to these insights packs

The Commissioning for Value benchmarking tool (containing all the data used to create the CCG packs), full details of all the data used, links to other useful tools and details of how to contact the team are all available online at:

www.rightcare.nhs.uk/commissioningforvalue

Acknowledgements

The production of these packs and the supporting materials and events have been produced as a collaboration between NHS England, Public Health England and NHS Right Care.

We are also grateful to those CCGs, too numerous to list, who helped provide challenge and feedback in the development of these packs.