

## **Delivering improved healthcare in Warrington: the NHS Right Care approach**

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## The setting

Warrington Clinical Commissioning Group (CCG) with a budget of £231 million commissions safe and high-quality health services for the 203,000 people of Warrington, and implements improvements in health and well-being for the population.

## The situation or problem

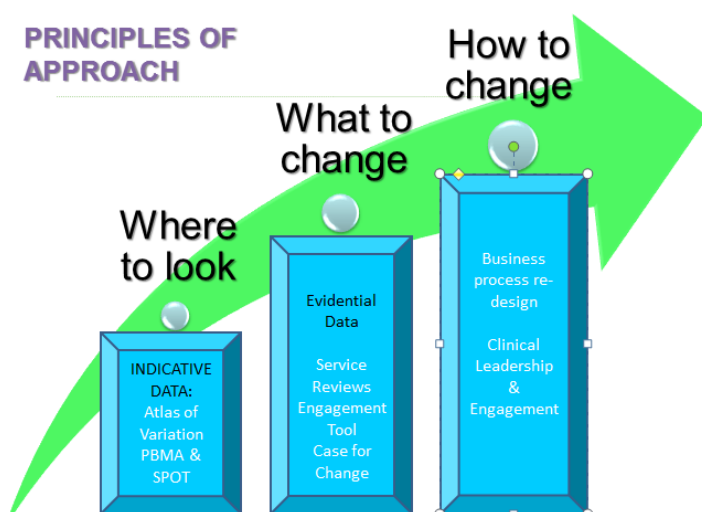
In 2010 - Warrington Health Economy faced a funding shortfall, coupled with increases in demand and inflationary pressures, which meant that the health economy began 2011/12 with a £25 million shortfall. Warrington Health Consortium, now Warrington CCG, began its first, full year of operation with the task of achieving a Quality, Innovation, Productivity and Prevention (QIPP) programme that had to incorporate a £25-million savings requirement. The consortium needed to identify areas where savings could be made.

The Consortium needed quickly:

- To identify where efficiencies in healthcare could be made;
- To identify where benchmarking showed efficiencies ought to be made;
- To establish that these changes would improve quality and productivity, leading to improved patient care.

## What action was taken?

To achieve these objectives the health community adopted the NHS Right Care approach of “Where to look, What to Change, How to change”, subsequently adopted and developed by the inheriting CCG.



Implementing the NHS Right Care approach starts with directing your improvement efforts into those care programmes which offer the best value opportunities.

To succeed it requires a robust healthcare reform process to develop the case for change and to drive through changes.

In line with this, the principle of triangulating indicative data was adopted to support the first phase of determining which service areas to look in for the highest impact and most effective reforms - **“where to look”**. NHS Right Care’s products have been used to support this, including the Atlases of Variation, the Spend and Outcome Tool and Programme Budgeting Marginal Analysis. The results correlate with the Warrington CCG pre-authorisation packs and highlighted that, amongst others, Respiratory illness was an area where reform of health services could offer improved outcomes for patients. This initial benchmarking data was then used to inform a full **Service Review** that determined the causes of over-spend and suboptimal performance – **“what to change”**.

In respiratory care 10 key business process changes were identified that had the potential to deliver improvement including:

- Using referral criteria to divert short length of stay (<=1 day) episodes into an alternative community intervention
- Pro-active targeting of patient cohorts to reduce acute episodes of disease
- Extending pulmonary rehabilitation service including a home-based programme
- Consultant led MDTs implementing “hospital @ home” and “virtual wards”

The reviews analysed data from several sources on activity, expenditure, outcomes and quality, and used these to demonstrate the need for service reform and the shape of those reforms. As part of this, ONS cluster peers achieving lower expenditure and better outcomes were contacted to share their pathways and learning.

Service Reviews were followed by rigorous application of **Business Process Engineering** principles to drive through change to deliver the proposed outcomes – **“How to Change”**.

The service reviews identified many opportunities for improvement and transformation, which are now being implemented. Clinical pathways have been redesigned, in collaboration with stakeholders, to deliver high-quality and sustainable services for the future. The service reviews also highlighted several areas where improvements could be made with the application of NICE guidance and Better Care, Better Value indicators.

## What happened as a result?

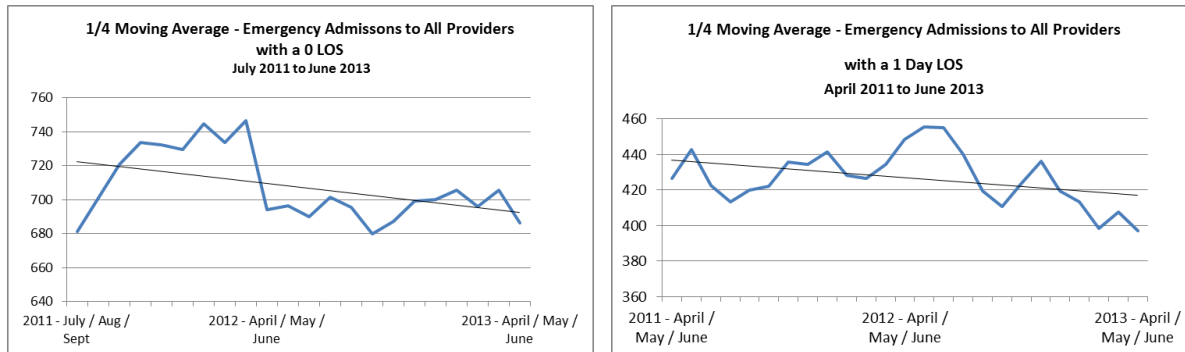
At the time respiratory services were identified as a priority for improvement in the health economy, spend was above the demographic peer average\* by £1.5m according to Programme Budgeting marginal analysis and the quality and outcomes measures used to support the Respiratory Atlas of Variation shows that the CCG had opportunities to reduce clinical variation and increase value in 14 of the 21 areas covered by the maps. The most recent programme budget data now shows Warrington health economy to be spending below the average for respiratory services by £0.4m compared with their demographic and the CCG are able to show improvements in quality, outcomes and pathway and care management.

One of the impacts of these improvements is that, as at December 2012, COPD unscheduled admissions had reduced to their lowest levels in 4 years. This constitutes a reduction in admissions of over 30% from 158 to 107 per quarter. This rate also reduces significantly the extent to which Warrington is an outlier when compared with demographic peers.

One of the roles of the new multi-disciplinary respiratory team is to manage diversions to community services via a triage service. As of December 2012, triage was being supplied to 65 patients per month and demand for the service continues to grow. Many of these patients would previously have presented

at A&E and been admitted into the secondary care system. Now, many are deflected away from expensive acute care and into the care planning and case management part of the system.

Alongside the work on respiratory services, trauma and injuries, musculoskeletal and mental health were amongst Warrington's key outliers with all these areas contributing to high levels of unscheduled care. This has led to a focus on non-elective work and, while unscheduled admissions remain high compared with national levels, there has been significant progress.



*“Last year we managed to hold non-elective admissions flat against predicted growth of 8%-9%,” the Warrington CCG Programme Director has said, “..and this year they are coming down.”*

The adoption of the NHS Right Care approach was a key component in the CCG achieving successful authorisation in 2012, with no ‘reds’. Warrington CCG were also awarded HSJ Commissioning Organisation of the year in 2012.

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\*ONS sub-group

This casebook and similar Casebooks can be found on the NHS Right Care website at [www.rightcare.nhs.uk/resourcecentre](http://www.rightcare.nhs.uk/resourcecentre)