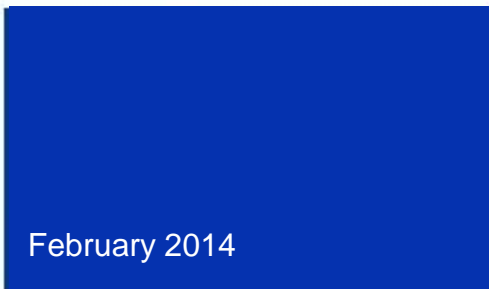




Public Health
England



Cheshire, Warrington and Wirral Area Team Commissioning for Value Pack



February 2014



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Context

Dear Area Team,

In October 2013 all of your constituent CCGs received their Commissioning for Value packs and access to support materials to help them to take forwards their local reform agenda via the NHS Right Care approach to continuous improvement in population healthcare (www.rightcare.nhs.uk/commissioningforvalue).

This pack collates, at headline summary level, some of the key messages for your area that the individual CCG packs have indicated may be an opportunity for improvement and increasing value to the patient and the population.

We hope that you find your pack useful and, if you would like to discuss further, please contact rightcare@nhs.net

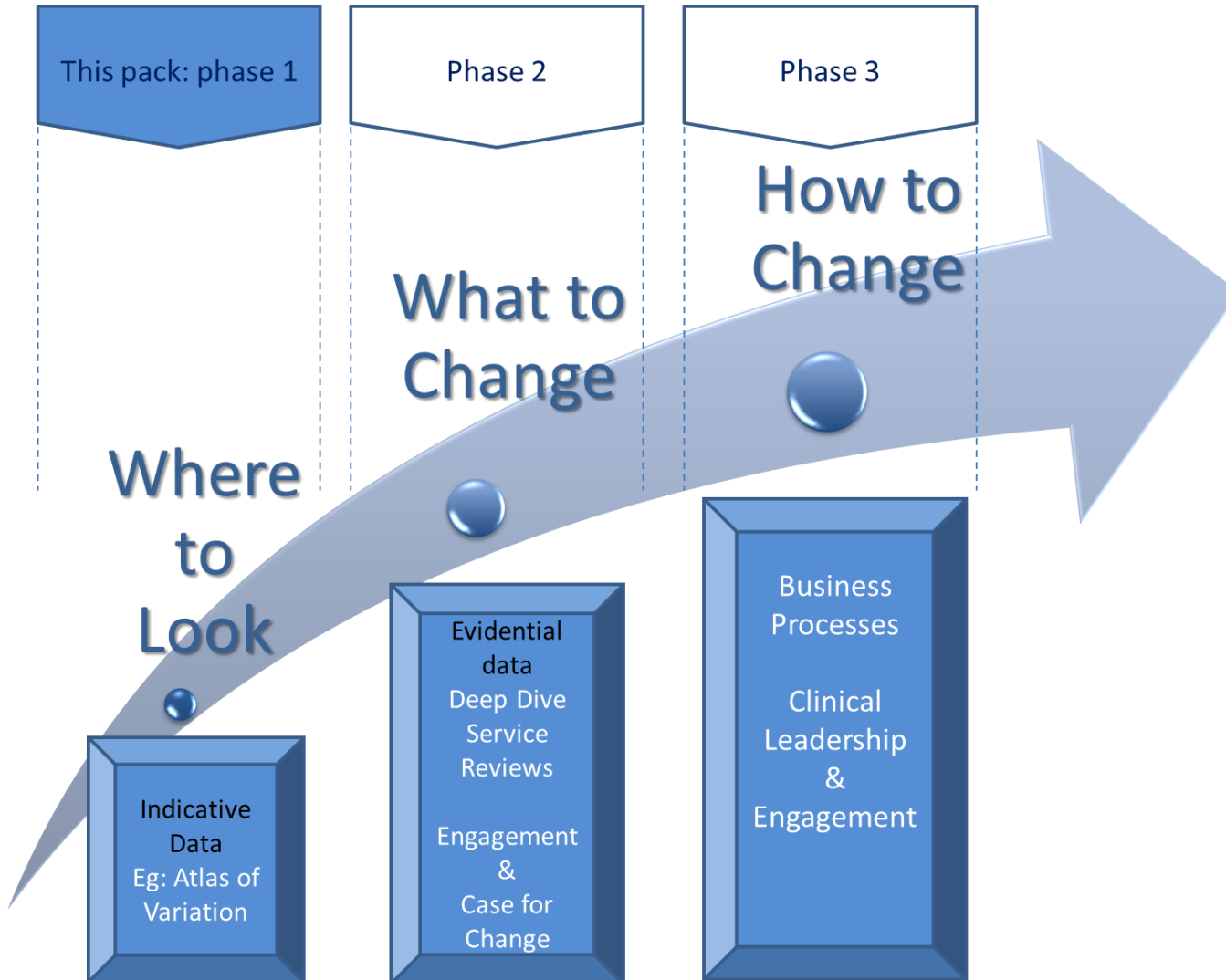
The call to action

In his letter of 10 October 2013, Sir David Nicholson set out ten key points to support planning for a sustainable NHS. The letter included information about the 'Commissioning for Value Insight' packs for CCGs which will help identify the best opportunities to increase value and improve outcomes.

The insights in the CCG packs are supporting local discussion about prioritisation and utilisation of resources. The aim of this pack is to help Area Team leaders to engage with CCGs on the agenda to improve healthcare quality, outcomes and efficiency by providing the first phase in the NHS Right Care approach - "Where to Look", at a collated larger health economy level. That is, where to look to help CCGs to deliver value to their populations.

This pack has been tailored specifically for Area Team analysis and may not correlate exactly with the bespoke priorities identified in individual CCG packs.

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.

CCG packs began the process 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 Area Teams to identify where local and regional 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 can be obtained via www.rightcare.nhs.uk/commissioningforvalue and by making direct contact with NHS Right Care via rightcare@nhs.net.

Why act: What benefits do the population get?

CCGs can and are using the “Right Care approach” to shift spend

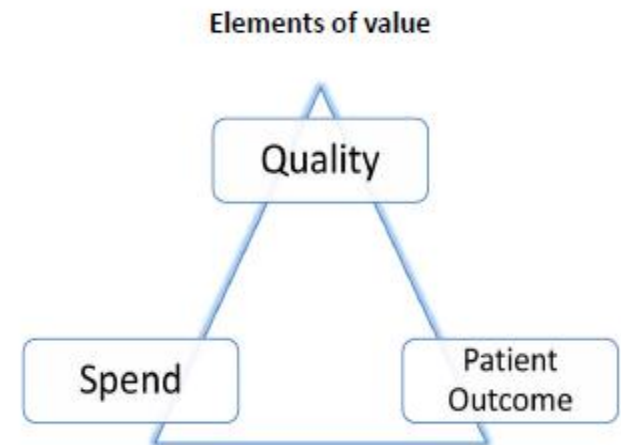
- Achieved Turnaround (Warrington CCG - Winner of HSJ Commissioning Organisation of the Year 2012)
- Financial sustainability (West Cheshire CCG - Winner of HSJ Commissioning Organisation of the Year 2010, [see Annex 1](#))
- Clinically led annual QIPP planning and delivery (Borough of Wigan) and Clinical 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.



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



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What does your data tell you?

Your value opportunities in the
Cheshire, Warrington and Wirral
Area Team



RightCare 

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 CCGs within an Area Team may gain high value healthcare improvements by focussing their 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 CCGs, collated to provide a headline summary of areas for focus and improvement:

1. **Opportunities** are identified where indicators are significantly worse than the average for the 'best' 5 CCGs in the cluster group for those CCGs and the scale of opportunity if those CCGs improve to the average for the best 5 in their cluster. See 'methodology' annex for further details.
2. This Area Team pack does not seek to compare local CCGs but instead collates the priority areas indicated for each to show where collective effort may optimise improvement delivery. It also acts to inform Area Teams of where the indicators suggest CCGs should consider prioritising their individual efforts.

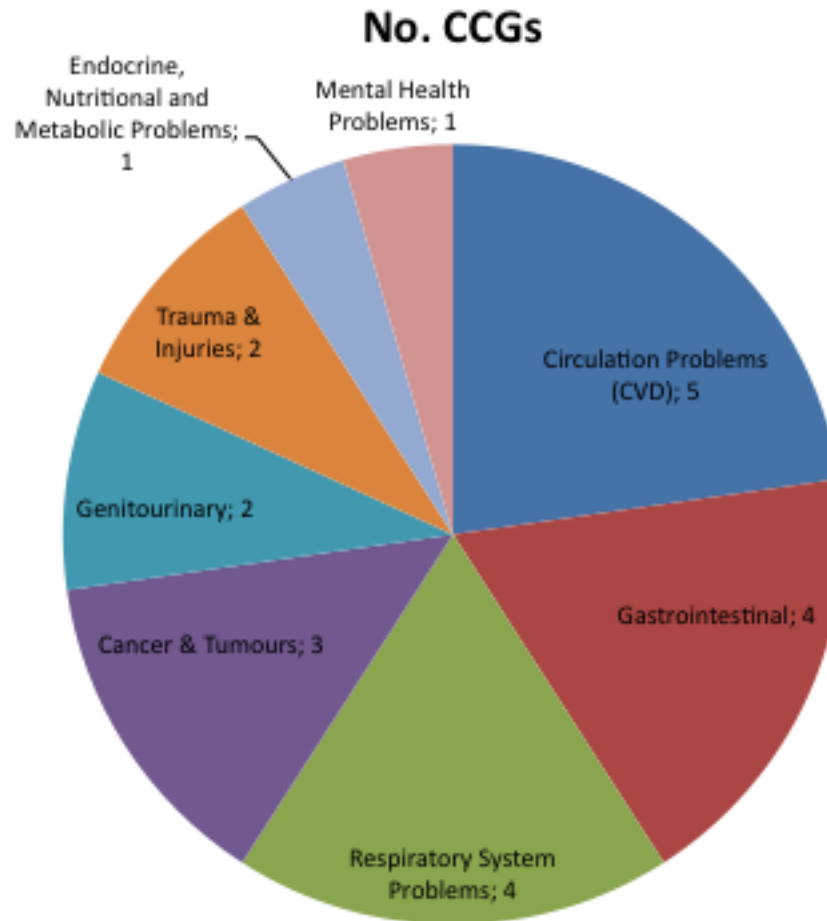
The analysis per CCG is based on a comparison with their most similar CCGs [comparisons are at a National level]

It should be noted that different programmes have different numbers of indicators available for use in this analysis. In some instances, this may affect the likelihood of a programme being identified as an improvement opportunity.

It should also be noted that only the highest spending programmes have been considered in this analysis.

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

This chart shows how many CCGs in your Area Team have areas of opportunity in each programme.



Improvement opportunities – CCG Analysis (1 of 2)

These slides show the identified potential priority areas for each CCG, based on a combination of financial and clinical variation indicators.

NHS Eastern Cheshire CCG

- (1st) Circulation Problems (CVD)
- (2nd) Cancer & Tumours
- (3rd) Respiratory System Problems
- (4th) Genitourinary

NHS South Cheshire CCG

- (1st) Cancer & Tumours
- (2nd) Circulation Problems (CVD)
- (3rd) Endocrine, Nutritional and Metabolic Problems
- (4th) Respiratory System Problems

NHS Vale Royal CCG

- (1st) Gastrointestinal

NHS Warrington CCG

- (1st) Circulation Problems (CVD)
- (2nd) Mental Health Problems
- (3rd) Respiratory System Problems
- (4th) Gastrointestinal

Improvement opportunities – CCG Analysis (2 of 2)

These slides show the identified potential priority areas for each CCG, based on a combination of financial and clinical variation indicators.

NHS West Cheshire CCG

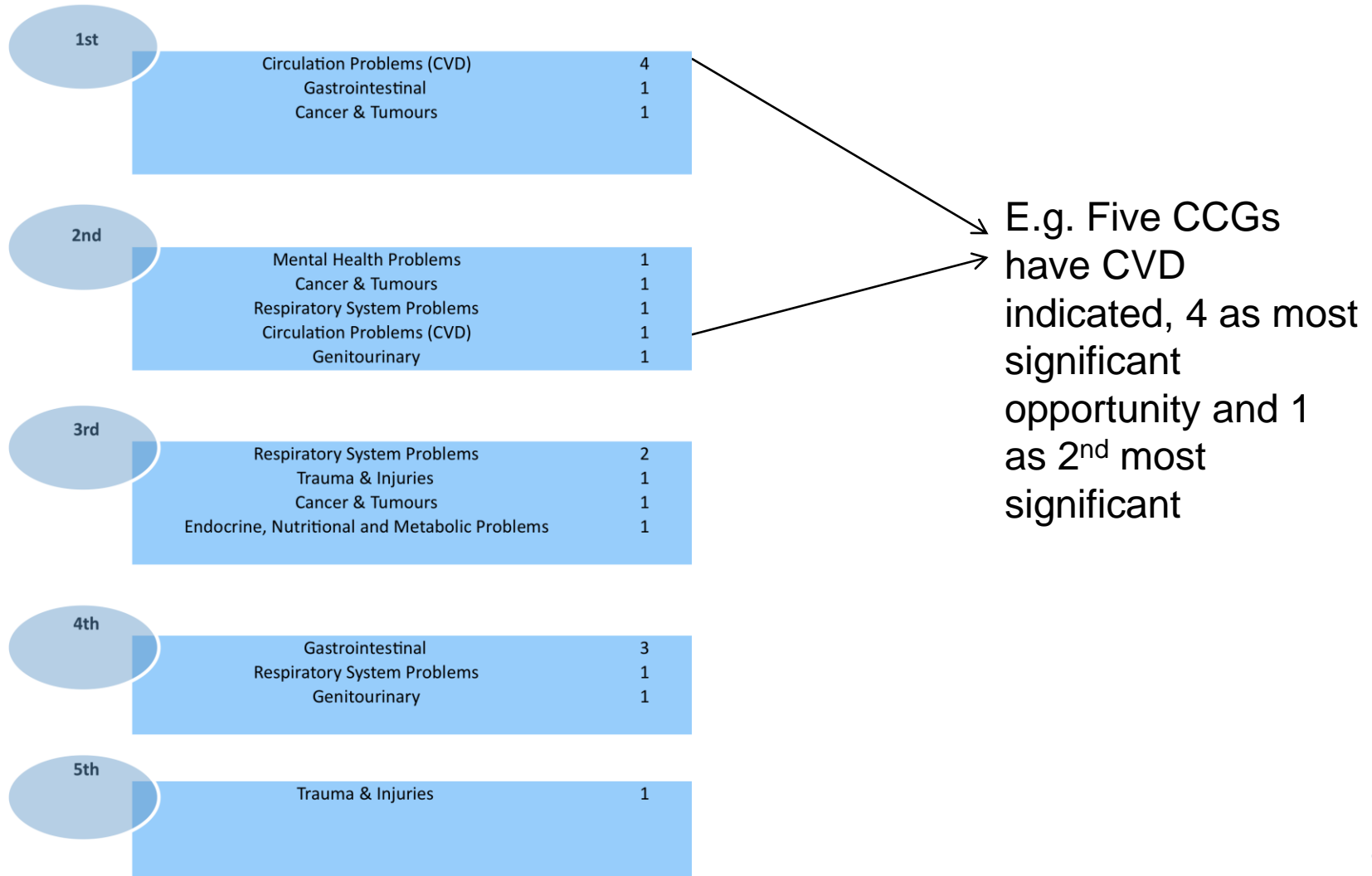
- (1st) Circulation Problems (CVD)
- (2nd) Respiratory System Problems
- (3rd) Cancer & Tumours
- (4th) Gastrointestinal
- (5th) Trauma & Injuries

NHS Wirral CCG

- (1st) Circulation Problems (CVD)
- (2nd) Genitourinary
- (3rd) Trauma & Injuries
- (4th) Gastrointestinal

Improvement opportunities – Disease and ranking priorities

Each CCG has up to 5 Areas of opportunity and they are ranked 1 (most significant) to 5. Here is the ranking analysis for the CCGs within your Area Team:



Total significant saving by programme Elective

Note: this is not the total saving available for the CCGs within the Area Team – it uses Secondary Care spend and Primary Care prescribing as a proxy to indicate the potential for significant savings from quality and outcomes improvement. It also only includes the potential saving of CCGs for whom saving in that area is significant versus other savings potential in the same health economy.

Area Team Opportunity Elective Savings £000s

CCGs	Sum of Similar 10 Opp £000s	Sum of Best 5in10 Opp £000s	Sum of Total Opportunity Savings £000s	% Share of Opportunity
NHS Eastern Cheshire CCG	667	1,335	2,002	17.6%
NHS South Cheshire CCG	607	792	1,399	12.3%
NHS Vale Royal CCG	111	285	396	3.5%
NHS Warrington CCG	93	434	527	4.6%
NHS West Cheshire CCG	1,338	2,798	4,136	36.3%
NHS Wirral CCG	480	2,451	2,931	25.7%
Grand Total	3,296	8,096	11,391	100.0%

KEY: “Similar 10 Opp” = financial opportunity in moving to average of CCG cluster group;
“Best 5in10 Opp” = further financial opportunity in moving to average of best 5 in CCG cluster group.

Total significant saving by programme Non Elective

Note: this is not the total saving available for the CCGs within the Area Team – it uses Secondary Care spend and Primary Care prescribing as a proxy to indicate the potential for significant savings from quality and outcomes improvement. It also only includes the potential saving of CCGs for whom saving in that area is significant versus other savings potential in the same health economy.

Area Team Opportunity Non Elective Savings £000s

CCGs	Sum of Similar 10 Opp £000s	Sum of Best 5in10 Opp £000s	Sum of Total Opportunity Savings £000s	% Share of Opportunity
NHS Eastern Cheshire CCG	1,784	2,942	4,727	28.2%
NHS South Cheshire CCG	1,186	1,589	2,774	16.6%
NHS Vale Royal CCG	248	344	592	3.5%
NHS Warrington CCG	2,629	1,707	4,336	25.9%
NHS West Cheshire CCG	727	2,362	3,089	18.4%
NHS Wirral CCG	-	1,225	1,225	7.3%
Grand Total	6,573	10,169	16,743	100.0%

KEY: “Similar 10 Opp” = financial opportunity in moving to average of CCG cluster group;
“Best 5in10 Opp” = further financial opportunity in moving to average of best 5 in CCG cluster group.

Total significant saving by programme Prescribing

Note: this is not the total saving available for the CCGs within the Area Team – it uses Secondary Care spend and Primary Care prescribing as a proxy to indicate the potential for significant savings from quality and outcomes improvement. It also only includes the potential saving of CCGs for whom saving in that area is significant versus other savings potential in the same health economy.

Area Team Opportunity Prescribing Savings £000s

CCGs	Sum of Similar 10 Opp £000s	Sum of Best 5in10 Opp £000s	Sum of Total Opportunity Savings £000s	% Share of Opportunity
NHS Eastern Cheshire CCG	599	1,334	1,933	17.3%
NHS South Cheshire CCG	1,046	1,494	2,540	22.7%
NHS Vale Royal CCG	822	948	1,770	15.8%
NHS Warrington CCG	469	1,587	2,056	18.4%
NHS West Cheshire CCG	598	1,374	1,971	17.6%
NHS Wirral CCG	157	770	927	8.3%
Grand Total	3,691	7,506	11,196	100.0%

KEY: “Similar 10 Opp” = financial opportunity in moving to average of CCG cluster group;
“Best 5in10 Opp” = further financial opportunity in moving to average of best 5 in CCG cluster group.

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

- There are significant opportunities in terms of both quality and spend in the following programme areas: **CVD, Cancer, Respiratory and Gastrointestinal**, with three or more CCGs in your Area Team all having opportunities in these disease areas.

The CCGs within your Area Team need 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, please email rightcare@nhs.net

To note:

- Only the highest spending programmes have been considered in this analysis.
- 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.

Further support available

The NHS Right Care website offers resources to support CCGs and ATs 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. Further support packages are being developed for 2014.

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

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.