

NHS Right Care – expanding the approach in the context of delivering the Five Year Forward View

Background

1. NHS Right Care originated as part of the QIPP programme within the Department of Health in 2009. Its focus was to expose and tackle variation with a view to securing value. It included various support and intervention aspects and products including the Atlases of Variation and Commissioning for Value packs.
2. By working with individual CCGs, the Right Care approach has demonstrated real benefits, with savings of in the region of 3.5 and 5%, for example:
 - £18m savings per annum in Wigan Borough CCG
 - £15m per annum in West Cheshire CCG
 - Hardwick and Warrington CCGs reduced respiratory urgent care activity by 30%. In Warrington a reduction across all of urgent care of 8-9% has occurred via the approach.
 - reduction in 999 calls, ambulance journeys, A&E attends and non-elective admissions, delivered in Blackpool and Fylde CCGs via their advanced paramedic innovation, achieving an allocative efficiency of £2.2M.
3. NHSRightCare now sits within NHS England, as is being seen as a key component in delivering the Five Year Forward View. Its focus on value remains as relevant today and will contribute to closing the both the efficiency and productivity gap, as well as the care and quality gap.

Expanding the NHS Right Care programme

4. The attached document “A Right Care Collaboration 2015/19 - Forward View” provides information on the approach and the ambition going forward (Annex A). NHS England has agreed that it will invest in the roll-out of the programme over

the next five years. It will be a key facilitative programme in supporting local health economies to deliver up to a targeted £5.2Bn of the total funding gap over a five year period.

5. The approach to delivery contains three main strands:

- a) Direct support - CCG development, embedding and operational support, including analytical insight, engagement and implementation techniques and trouble-shooting support
- b) Facilitative support – for example, enhanced CSU development and Commissioning for Value innovations
- c) Creating the right environment – develop via a concordat with other arms-length bodies, building on DH's 'roundtable discussions on unwarranted variation' project, the partnership with Public Health England and interest from others such as NHSCC and TDA.

6. In addition to the universal support offer, NHS England has committed funding to roll-out direct support to c.50 local health economies per annum over the next 5 years, via their CCGs. The programme will be delivered through a number of delivering partners, and with a central team. £1.5m p.a. has been agreed.

7. The roll-out programme will take the remainder of 2015/16 to recruit to, promote and prepare and then take four years to complete. The first c.50 CCGs will begin their development in November/ December 2015 so that they embed the approach for 2016/17. A new cycle of c.50 CCGs would begin annually each year for four years.

Action

8. The NQB is asked to:

- a. note NHS England's plan to expand the NHS Right Care programme; and
- b. consider how this could be aligned with activities and levers of other organisations

- c. agree that this should form part of the NQB's overall programme to improve quality in the context of value across the NHS; and therefore
- d. consider how it should be involved in the work going forward

Matthew Cripps

NHS Right Care Programme Director



A Right Care Collaboration 2015/19

Forward View

June 2015

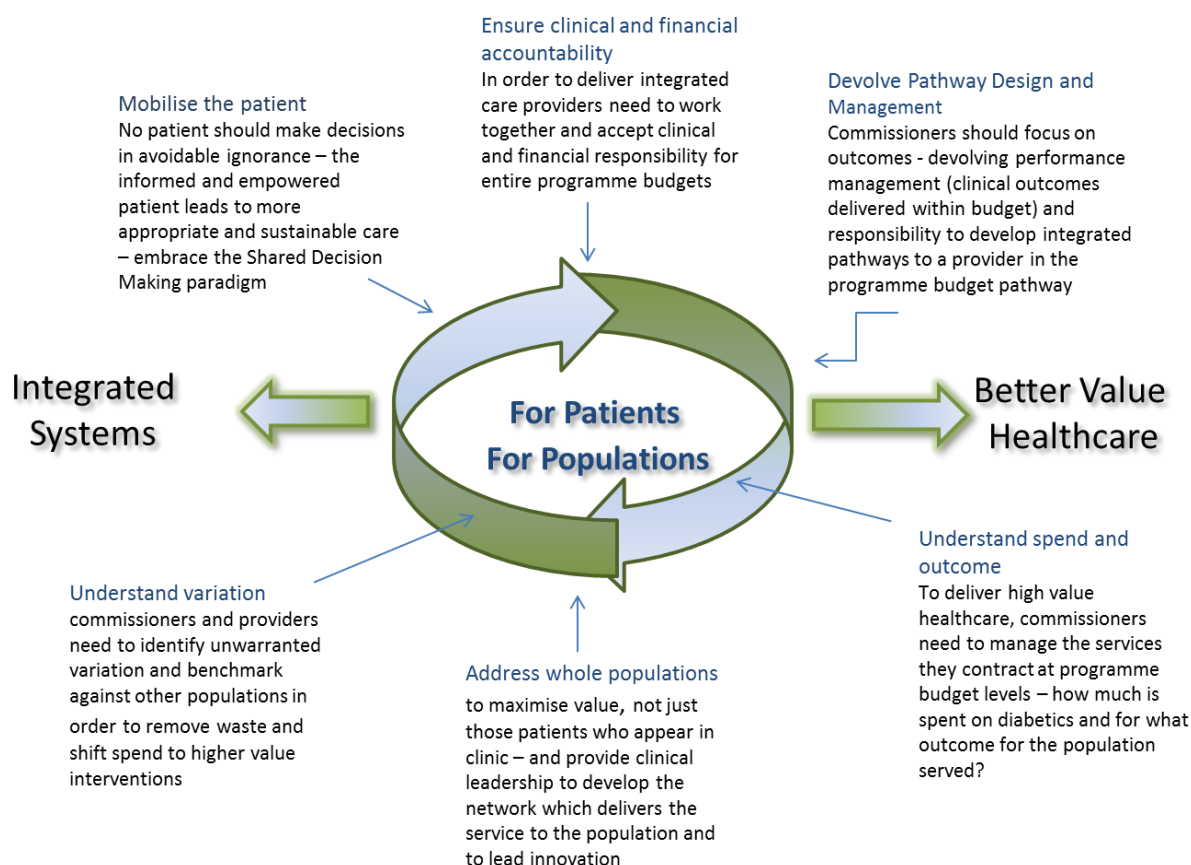
The genesis of the Right Care programme lies in the original Quality, Improvement, Prevention and Productivity (QIPP) programme initiated by the Department of Health in 2009. Right Care was one of the original 13 national programmes and when the national QIPP programme was wound up Right Care was asked to ensure that the core programmes of Right Care continue with new hosting arrangements with NHS England and Public Health England.

The primary objective for the NHS Right Care programme is to maximise value, which we define as:

- the value that the patient derives from their own care and treatment, the personalisation of difficult decisions is optimised by patient decision aids <http://sdm.rightcare.nhs.uk/pda/> and shared decision making
- the value the whole population derives from the investment in their healthcare and there are two aspects to this
 - Allocative value, determined by how the assets are distributed to different sub groups in the population, for example to people with cancer or to people with mental health problems,
 - Technical value, determined by how well resources are used for, this is measured by relating outcomes to the resources used, where the resources are not solely financial but include the time of patients and clinicians. Neither is it measured only with respect to the patients treated but to all the people in need in the population because there is under provision to some groups and the population based approach to technical value or efficiency is essential for increasing equity as well as value. The inverse of value is waste which is any activity that does not add value

In the past, we have summarised the Right care approach using this infographic:

A Right Care Manifesto – Accountable, Integrated, Systems of Care



The Right Care focus on value remains as relevant today. The recent Five Year Forward View forecast an ongoing efficiency and productivity gap, together with growing demand, leading to a mismatch of resources to patient needs amounting to £30 billion a year by 2020. Many of the themes in the 5YFV reflect Right Care principles: the focus on value and health outcome, empowering the patient, transforming through systems and networks of care, as opposed to re-structuring and not least, the need to drive down variation in quality and health outcomes.

Right Care is now an established programme of NHS England, reporting to Paul Baumann as Director of Finance. A National Right Care Director is now in post, Professor Matthew Cripps, and future funding has been secured to large scale expansion of Right Care as a transformational programme across NHS England.

A Collaboration

To increase the value of healthcare it is necessary to work across a range of bodies responsible for the planning, delivery and monitoring healthcare delivery and in development of professional skills and professional and managerial culture; no single organisation can succeed. This is recognised in the FYFV To this, Right care would add the need for The FYFV identifies six organisations as key to a co-ordinated improvement in the delivery of healthcare: NHS England; Public Health England; Monitor; the Care Quality Commission; NHS Trust Development Authority and Health Education England. To that, Right care would add other stakeholders including patient groups in particular, but also agencies such as NICE and the medical professional bodies not least because these organisations will be central to changing the culture of healthcare professions; famously, “culture eats strategy for breakfast”.

The objectives of a Right Care collaboration would be:

- To make value the central focus of healthcare decision making and culture
- Underpin the identification of un-warranted variation and the actions needed to tackle it
- Develop the understanding how “systems of care” delivered through networks as the best way to improve value, as opposed to a focus on organisational structures
- Utilise patients, and patient groups, as part of the solution
- Creating a new culture focussed on value

2015/19 Ambitions

During 2015/16, NHS Right Care will scale up its activities and will seek to develop partnerships across the major NHS bodies to develop a variations and value programme.

The table below provides a high level view of a putative NHS Right Care collaboration. It is deliberately ambitious although it remains a work in progress. Some is work already in train and for which funding and approval is already in place. A wider collaboration could evolve in consultation with external stakeholders to change the shape and range and interaction of specific workstreams, projects and interdependencies within this proposal. Such a programme would require further funding and opens questions as to ownership and governance.

In shaping this matrix, we have attempted to correlate broad themes of activity with organisations which could lead, in collaboration with other organisations, but it is agnostic to how the inter-related work could be delivered. Inevitably there will be gaps and omissions. We intend this grid as a stimulus to discussion and that the necessary structures, funding and governance framework will evolve from further discussion.

June 2015

Appendix 1: Our programme for 2015/19

		NHS England	Public Health England	Wider partnerships
Understanding Variation			New Atlas Series including 2015 Compendium. Under consideration, Cancer, Dementia, Diabetes and Respiratory (refreshes)	Establishing a concordat with major agencies (CQC, Monitor, PHE et al) to build a co-ordinated programme to tackle un-warranted variation
			From Variation into action conference	Develop an AHSN/Academic centre of excellence – to underpin the “science” of tackling variation and improving value
			Atlas “how to” manual in 3 volumes: How to do an atlas Using atlases to challenge local variation using the atlas to reduce variation]	Establish a “Variation and Value Service” to support the above – developing an evidence base with PHE/NICE/Concordat partners/academic partners on what works and options for action
				M.Sc level modules in Right Care for Populations including online learning
Commissioning for Value – roll out		Deployment of a direct support programme to lead CCGs. The approach to delivery contains three main strands: 1. Direct support - CCG development, embedding and operational support, including analytical insight, engagement and implementation	Further focus packs with Health Intelligence Networks; proposed, Cancer and Mental Health	

		<p>techniques and trouble-shooting support</p> <p>2. Facilitative support – for example, enhanced CSU development and Commissioning for Value innovations</p> <p>3. Creating the right environment – develop via a concordat with other arms-length bodies, building on work with the DH</p>		
			PHE Centres and KITs – Right Care for Populations - Development programme	
		CSU Right Care Development Programme		
		CSU Toolkit to support the above		
		Further CfV Focus Packs with NCDs covering Mental Health and Complex Patients		
		Further development of the CfV online tools: updates to existing indicators; improved functionality; new indicators for drugs, imaging, critical care, high spend procedures and specialised commissioning; additional pathways eg EoL, Children's Mental Health et al		

		CfV primary prevention to end of life Optimal Pathway Models: using CfV data to identify improvement points needed across the pathway and options for action, delivered jointly with partners and local CCG pioneers. Topics identified include BHF (CHD), Alistair Burns (Dementia), Arthritis UK (MSK), Geraldine Strathdee (Psychosis).		
		Programme Budget Board engagement		
		Training and learning sets in the CfV approach		
		Right Care for Populations – development programme for CCG and Public Health leaders		
Population Healthcare		Working across NHS England directorates to support Specialist Commissioning improvement and Urgent Care reformation		
Supporting Commissioners and providers		Working with House of Care to align with Right Care approaches		
		EEEC, Parity of Esteem, Dementia – advisory and supporting work streams (e.g. MH CfV pack 2015/16)		

Empowering patients and populations		Working with Patient Voices directorate to support to SDM programme – CCG local implementations within Right Care implementations with collaboration from patient groups		Developing a STAR-lite tool and other system/population level shared decision making approaches
Changing Culture				Future Focussed Finance (FFF) – training finance educators to change leadership
				FFF – Best Value Practice – embed Right Care approach into value programmes
				Culture change programme for NHS leaders
Communications and Stakeholders		Communications Plan development and implementation		
		Engagement plan development and implementation		
		Practitioner Network – managed P2P network of CCG and related commissioning support		