

## NHS ENGLAND – BOARD PAPER

**Title:**

NHS RightCare and the shift to value-based healthcare

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**Purpose of Paper:**

This paper updates the board on acceleration and implementation of NHS RightCare, by:

- Explaining the fundamentals of increasing value, reducing unwarranted variation and delivering better population healthcare;
- Detailing how NHS RightCare is addressing the challenges related to better value;
- Updating on NHS RightCare's accelerated roll out to all local health economies in England, including where it is aligning with Getting It Right First Time; and
- Introducing NHS RightCare's work to highlight Co-ordinated Reallocation of Care (or CROC), again aligning with Getting It Right First Time (GIRFT).

**The Board is invited to:**

Note the update and endorse the approach NHS RightCare is taking to driving value-based healthcare at a population level, improving patient outcomes and delivering significant cost savings.

# NHS RightCare and the shift to value-based healthcare

## Introduction

1. NHS RightCare is a national programme of NHS England. It is committed to reducing unwarranted variation to improve people's health and outcomes and help deliver a financially sustainable health system. To achieve this, it supports local systems to ensure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

## Aims

2. This paper updates the Board on NHS RightCare's approach to delivering value-based population healthcare in England, by:
  - Explaining the principles behind NHS RightCare's aim of increasing value, reducing unwarranted variation and delivering better population healthcare;
  - Detailing how NHS RightCare is addressing the challenges related to better value; and
  - Updating on NHS RightCare's accelerated roll out across the NHS in England.

## Previous actions and decisions

3. The RightCare approach provides Local Health Economies with the support they need to understand where opportunities exist and how to address them. The RightCare was designed and built at local level and was developed and tested by and with clinicians and frontline staff. At its core it has a strong evidence base and a focus on the use of data and intelligence, alongside strong clinical leadership and wider engagement, including with patients and carers.
4. Testing with early adopters proved that the concept delivers improved outcomes more efficiently. This provided the confidence to implement an accelerated roll out of NHS RightCare at a national level in 2016. Roll-out was achieved via two-stages; 65 local health economies have been receiving support since February 2016 and the remaining 144 health economies in England joined the programme in November 2016

## Context

5. There are three problems which are found in every health service across the world, no matter how they are structured: Firstly, unwarranted variation in access, quality, outcome and value, as demonstrated in England by NHS RightCare's Commissioning for Value packs and Atlases of Variation. These highlight the other two problems:
  - **Overuse** which leads to;
    - waste, that is anything that does not add value to the outcome for patients, or uses resources that could give greater value if used for another patient in need
    - patient harm, even when the quality of care is high.

- Underuse which leads to;
    - failure to prevent the diseases that higher value and more timely healthcare can address, such as stroke, and consequentially, more waste when more complex care is subsequently needed
    - inequity and/ or unfairness of access.
6. It is useful to think of value as having three components. NHS RightCare use the term 'triple value' for this. Two of the components relate to the population and one to the individual:

- **Allocative value**, determined by how well the assets are distributed to different sub-groups in the population, such as;
  - Between programmes e.g. between cancer and respiratory
  - Between systems in each programme e.g. between asthma, COPD and sleep apnoea within the respiratory programme
  - Within each system, e.g. between prevention, drug therapy, rehabilitation and long term care for people with COPD.

In financial management terms, allocative value is referred to as **economic value**.

- **Technical value**, determined by how well the allocated resources are used to achieve valid outcomes for all the people in need within the population. In financial management terms, this is referred to as **efficient value**.
  - **Personalised value**, determined by how well an actual outcome relates to the values and desired outcome of each individual. In financial management terms this is **effective value**.
7. This alignment of population value with the principles of value-for-money (economy, efficiency and effectiveness) is the keystone of the NHS RightCare approach – to optimise population healthcare in a way that drives financial sustainability. This is why the programme was built and developed and is how it seeks to achieve sustainable optimal healthcare for the whole population.

## The RightCare approach and implementation

8. NHS RightCare has a focus on three strategic pillars;
- **Intelligence** - Using data and evidence to highlight variation and identify the areas of greatest opportunity to support quality improvement. The use of robust evidence and intelligence is highly effective in mobilising local health economies to improve.
  - **Innovation** - Working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy. NHS RightCare's work on shared decision making and medicines optimisation are live examples of this partnership activity.
  - **Implementation** - Supporting local health economies to implement sustainable change that improves population health and increases value. The programme is leading implementation of the RightCare approach with all 209 local health

economies in England. Activity in this strand brings to life the 'RightCare approach' at a local level as the programme works with CCGs, STPs and their stakeholders to:

- Identify key pathway and system priorities based on the intelligence to improve outcomes and reduce spend. This is the **Where to Look** stage of the RightCare approach.
- Plan for change, understand priorities and what impact changes will have. This is the **What to Change** stage.
- Deliver change, developing optimal value solutions at a local level for the whole population. This is the **How to Change** stage.

Once the RightCare approach has been applied to key priority areas as per the above steps, local health economies move on to a 2nd cycle of change, then a 3rd, 4th etc., moving into continuous improvement and the RightCare approach as 'business as usual', tackling the current biggest opportunities to reduce unwarranted variation and increase value at any point in time.

9. The approach to roll-out is designed to industrialise this better value approach, and includes the identification of quick wins and high-impact reforms for rapid dissemination.
10. NHS RightCare's approach to optimising impact centres on ensuring all health economies are measured against a 20 step process. This provides a high degree of confidence when tracking progress and testing financial assumptions. The 20 steps contain three gateways where specific quantifications of benefit are produced that will be tested against national, evidence-based assumptions;
  - **Capturing emerging opportunities:** articulation of the opportunities the local health economy will pursue to reduce unwarranted variation and increase value, based on intelligence and data.
  - **Capturing approved business cases:** stakeholder-agreed cases for change and plans for action.
  - **Establishing quarterly reporting to 2020:** agreed metrics to inform progress, monitoring and impact measurement.

Progress against the above is monitored by the NHS RightCare Oversight Group, which includes membership from NHS England's executive team, the NHS RightCare team, Public Health England and Getting It Right First Time. The group is chaired by Dr. Paul Watson, Regional Director for NHS England, Midlands and East.

11. NHS RightCare has recruited a team of 20 Delivery Partners to actively support the implementation of NHS RightCare across all local health economies in England. The team is drawn from a wide variety of backgrounds, including change management, commissioning, medical, nursing, public health, allied health professionals and finance. Delivery Partners are responsible for working with NHS England's Regional and local offices and CCGs and Sustainability and Transformation Planning footprints (STPs), and their stakeholders, to encourage planning and change. For STPs, this ensures that when CCGs have common improvement opportunities, these are addressed at STP level.

12. Examples of early impact in Wave 1 and early adopter local health economies include:
- Bradford Districts CCG – 210 less deaths from stroke, 38,000 new people self-caring to manage blood pressure and avoid demand for services (£1.6m saved, nationally recognised as a ‘game-changing’ CVD prevention approach).
  - Ashford CCG – 30% reduction in acute MSK demand and a 7% reduction in MSK spend through introduction of a triage service.
  - North Kirklees CCG – introduced new promotional material for hospital and practice use explaining the cost of over the counter prescriptions for pain killers, very quickly leading to £100k annual saving with relatively minimal effort
  - Slough CCG – New complex care case management service reducing targeted demand on A&E by 24% and non-elective admissions by 17%.
  - Blackpool CCG – reduced demand from top 50 frequent callers by 89% (999 calls), 93% (A&E attends), 82% (admissions). Saved £2m. NHS RightCare is helping other CCGs to replicate, e.g. Shropshire CCG has achieved a 50% demand reduction with immediate effect on implementation.
  - Cumbria CCG – new drug-free pain management service forecast to deliver £350k FYE saving via new community-based patient support.

### **Partnership working and Getting it Right First Time (GIRFT)**

13. As the RightCare approach is implemented, partnership working is essential to delivery. This includes working with providers and NHS Improvement, particularly through programmes such as Carter and Getting it Right First Time (GIRFT).
14. GIRFT is a methodology that seeks to improve the quality of clinical outcomes, to reduce unwarranted variation and complications and employs data sets for a range of surgical specialties, 12 to date, to demonstrate that immediate quality improvements for patients can, in turn, provide savings and benefits to the NHS.
15. Through the orthopaedic pilot for GIRFT it has been possible to track savings that can be attributed to GIRFT. Key features include:
- A consolidated view of all available data and metrics pertaining to each provider’s clinical and financial performance at a service line/individual specialty level;
  - A peer to peer review by a leading clinician, using data as evidence to reflect on variation in clinical practice, management approach and variations in procurement e.g. prosthesis selection;
  - The ability to benchmark providers nationally and explore how clinical evidence is considered and informs practice; and
  - A highly detailed approach facilitating an extensive understanding of the links between practice, outcome and cost drivers, which in turn enabled a series of recommendations to be developed benefitting quality of care and finances of both providers and commissioners.
16. As part of the Carter Programme, GIRFT, like NHS RightCare, is undergoing a rapid expansion.
17. GIRFT and NHS RightCare are represented on each other’s Oversight Groups. They are complementary programmes and should be used together to support the delivery of population healthcare improvement and financial sustainability. NHS RightCare’s

Commissioning for Value workstream supports improvement across systems by focusing on pathways of care from primary prevention to end of life care. Whilst supporting improvement in terms of access to and outcomes from the acute sector, Commissioning for Value has not focused in detail on hospital care. GIRFT provides detailed insight into variation in the acute system in a way that has not been available before. As such NHS RightCare and GIRFT collectively provide clinical improvement insight across the entire health care system.

18. In 2017 NHS RightCare and GIRFT will be working closely together to support STPs and local health economies. This will begin with a complementary set of analysis on orthopaedic pathways as well as aligned support to STPs, in particular on coordinating the reallocation of capacity as it is released from unwarranted use. This alignment will also be developed in the context of NHS England's emerging new operating model, looking to facilitate and support delivery of the Five Year Forward View and STPs.

### **Co-ordinated Reallocation of Capacity (CROC)**

19. CROC is an essential component in the delivery of a sustainable health system. Coordinating the re-allocation of capacity ensures that unwarranted resource is freed up. NHS RightCare and GIRFT jointly published Commissioning for Value intelligence packs for each STP in December 2016, linking the opportunity to reduce unwarranted variation to the number of bed days that this would then require being re-allocated to warranted use. This is the first step in ensuring CROC is considered and handled appropriately across all local health economies. An example of CROC opportunity at STP level includes a local health economy in the South that, compared with the 75th percentile of performance amongst their demographic peers, has c.500 beds that, at the point of data capture, were being used for potentially unwarranted activity. They also have c. 43,000 undetected (that is, not identified and included on GP registers for their condition) members of their population that have at least one of five conditions that drive overuse of secondary care (the conditions are coronary heart disease, hypertension, chronic obstructive pulmonary disease, chronic kidney disease and atrial fibrillation). There is likely to be at least some cause and effect within this variation.
20. NHS RightCare is working at STP level to support health economies in addressing CROC. Working alongside GIRFT, regions and other national programmes, this initiative will ensure that released capacity resulting from adoption of the RightCare approach is re-allocated for optimal population healthcare use. In support of this, techniques on phased management of capacity release and potential frameworks for managing future use, via improvement, contractual and framework mechanisms, are being developed to share with the frontline.
21. NHS RightCare is actively working with other programmes across NHS England to ensure a focus on reducing variation and increasing value is embedded in other national work. This has already resulted in reducing variation being core to the recently published 'Leading Change Adding Value' NHS framework for nursing, midwifery and care staff. Other programmes that NHS RightCare is actively supporting, including via embedded Delivery Partners, include Continuing Health Care, Specialised Commissioning and Medicines Optimisation.

## **Recommendation**

- 22.. This paper is provided as wider context and information to support today's presentation from Professor Sir Muir Gray (for NHS RightCare) and Professor Tim Briggs (for Getting it Right First Time) on the clinical view of these two important improvement and efficiency initiatives and the links between the two pieces of work.
23. The Board is asked to note and comment on the update provided.