

## Clinical Commissioning Group Governing Body Paper Summary Sheet

**Date of Meeting:** 26 September 2017

**For: PUBLIC session**  **PRIVATE Session**

**For: Decision**  **Discussion**  **Noting**

<b>Agenda Item and title:</b>	<b>GOV/17/09/15 NHS Right Care Programme</b>
<b>Author:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Lead Director/GP from CCG:</b>	Mark Harris, Chief Operating Officer Dr Mark Smithies, Secondary Care Doctor Dina McAlpine, Director of Quality
<b>Executive summary:</b>	<p>NHS Right Care is leading the work to address unwarranted variation in England, and has developed a wide range of resources, in particular the series of Commissioning for Value (CfV) data packs at clinical commissioning groups (CCG) and sustainability and transformation plans (STP) level.</p> <p>The CCG is within Wave 2 of the programme and must set out a programme of work that demonstrates how 40% of the opportunities will have actions identified by September 2017.</p> <p>Wiltshire CCG's Right Care delivery plan has been assured by NHS England and work progresses on the 3 prioritised programmes to meet the 40% threshold.</p> <p>A timetable for data packs has been revised which indicates when CAG will have the opportunity to review and agree priorities. This includes in regard to CVD. Some information about the CVD opportunity is included in this document.</p>
<b>Evidence in support of arguments:</b>	Information packs produced by NHS Right Care Programme.

<b>Who has been involved/contributed:</b>	<p>Mark Harris, Chief Operating Officer  Dr Mark Smithies, Secondary Care Doctor  Dr Peter Jenkins, Chair  Lucy Baker, Acting Director of Acute Commissioning  Dina McAlpine, Director of Quality  Emma Higgins, Quality Manager  Kate Blackburn, Public Health  Danielle Harris, Planning and Transformation Information Manager</p>
<b>Cross Reference to Strategic Objectives:</b>	<p>2. Commission the right services in the right place, which are accessible when required to meet the needs of the local population and national priorities;</p> <p>4. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare;</p> <p>6. Enhance quality and safety of services by having effective mechanisms to set quality standards and drive for continuous improvement;</p> <p>7. Encourage and support the Wiltshire population to manage their own care, improve their health and wellbeing and make their own choices.</p>
<b>Engagement and Involvement:</b>	<p>None at this stage</p>
<b>Communications Issues:</b>	<p>Information about CCG's use of Right Care is routinely shared with NHSE.</p>
<b>Financial Implications:</b>	<p>Potential financial efficiency as a result of improving outcomes and service delivery.</p>

<b>Review arrangements:</b>	None at this stage
<b>Risk Management:</b>	The CCG needs to assure NHS England about its use of Right Care in line with programme requirements.
<b>National Policy/ Legislation:</b>	NHS Right Care Programme <a href="http://www.england.nhs.uk/rightcare/">www.england.nhs.uk/rightcare/</a>
<b>Public Health Implications:</b>	Links to improvement in prevention and prevalence at topics level within the programme.
<b>Equality &amp; Diversity:</b>	Not reviewed at this stage.
<b>Other External Assessment:</b>	
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	<p>The Governing Body are asked to :-</p> <p>NOTE the progress made on CVD and next steps to use CAG to assist with priority setting and next steps using the deep dive information. And to generate the improvement actions and focus on embedding Right Care across the organisation. .</p>

Programme	Right Care £Opp.	Quality Opp.	Notes
1. MSK	Elective £7,277 NEL £414K Prescribing £118K	Hip replacement, EQ-5D Index, average health gain  Knee replacement, EQ-5D Index, average health gain  % fractured femur patients returning home within 28 days	<p><b>Data pack completed and shared at August CAG. Compared with Getting it Right First Time (GIRFT) data with three T&amp;O clinical leads Sept 2017</b></p> <p>Local review shows 3.9m opportunity to achieve the peer average.</p> <p>National Orthopaedic Association pathways analysis is to be reviewed further and presented back to CAG.</p> <p>MSK Investment business case for a community led interface agreed and currently going through mobilisation.</p>

Programme	£ Opp.	Quality Opp.	Notes
2. Gastrointestinal	Elective £796K	<ul style="list-style-type: none"> <li>• Alcohol specific hospital admissions</li> <li>• Rate of emergency gastroscopies, upper GI bleeds and peptic ulcerations</li> <li>• Reported Clostridium difficile cases</li> </ul>	<p>Data pack to be shared at October CAG with further actions agreed.</p> <p>STP Gastroenterology group set up, with case for change document being worked through.</p> <p>Local review shows significantly lower opportunity, with some opportunity within Endoscopies and Colonoscopies.</p>
3. Circulatory Disease (CVD)	NEL £716K Prescribing £766K	<p>Reported prevalence of CHD</p> <p>Patients with CHD whose BP &lt; 150/90</p> <p>Patients with CHD whose BP &gt; 150/90</p> <p>Patients with hypertension whose BP &lt; 150/90</p> <p>Patients with stroke/TIA whose BP &lt; 150/90</p> <p>SNAAP metrics including ESD</p>	<p><b>Data pack shared at August CAG.</b></p> <p>Opportunity mainly within Stroke related conditions and discussed at Stroke summit in September.</p> <p>Prescribing opportunity reviewed at Quality and Clinical Governance Committee. Group agreed warranted variation in opportunity presented within Right Care, however opportunity in other stroke related drugs is now being explored.</p> <p>Cardiology group reviewing Elective Coronary Heart Disease opportunity at next meeting.</p>

# Summary and observations

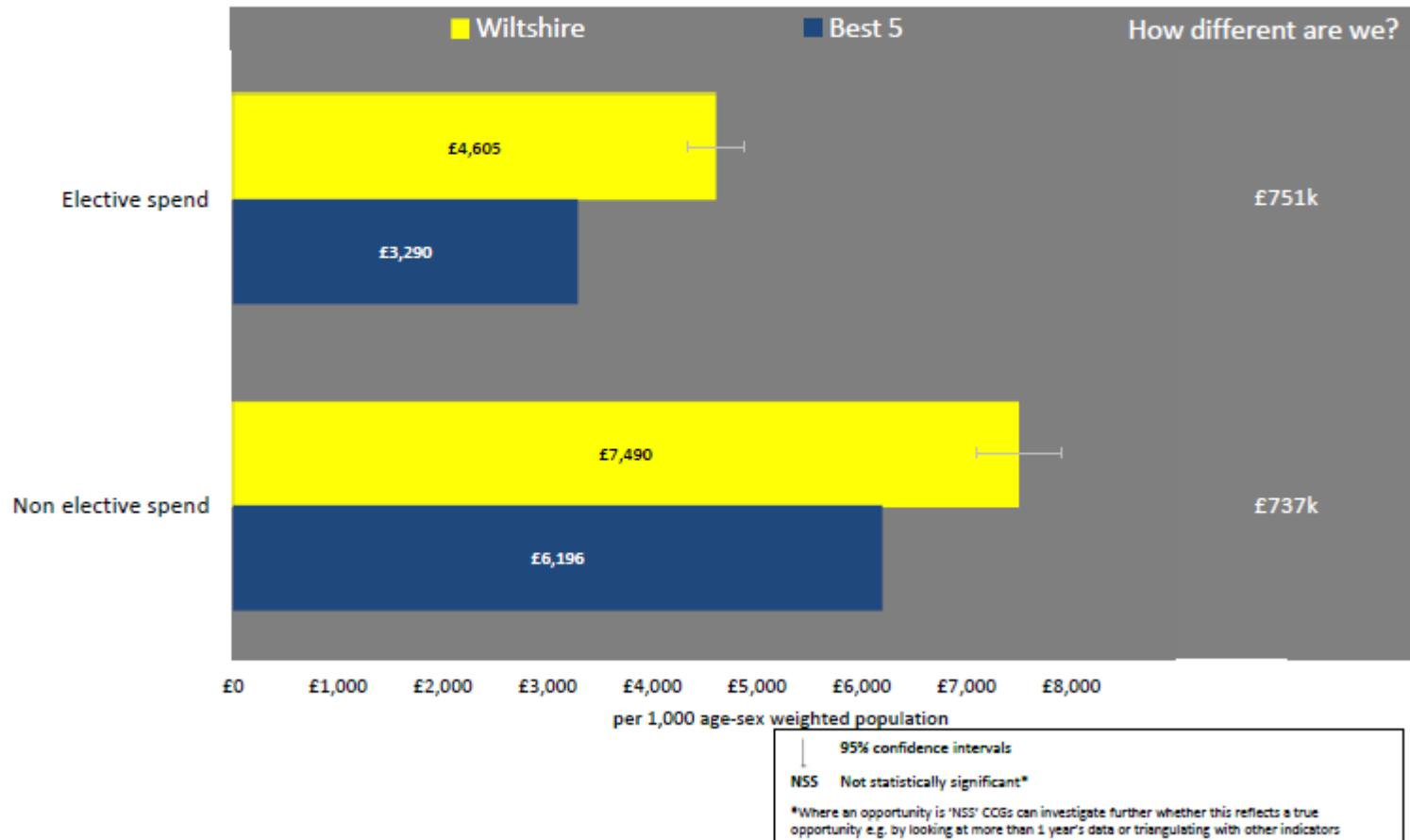
The latest RightCare commissioning for value focus pack shows **£2.09m** Circulatory opportunity- across Elective and Non Elective. This has been digested and locally interpreted using more up to date benchmarking and using SUS data to exclude any warranted variation. The potential savings for Wiltshire CCG are **£1.65m** in achieving the peer rate and **£2.8m** in achieving the best 5 CCG rate.

RightCare Area	Key observations following local review	Achieving peer rate	Achieving best 5 CCG rate
<b>Coronary Heart Disease (CHD)</b>	<ul style="list-style-type: none"> <li>RightCare shows potential opportunity for Non Elective savings - although Dr Foster SAR analysis shows Wiltshire rank low, there is still saving potential when comparing against peer rate.</li> <li>RightCare shows potential opportunity for Elective savings and local analysis shows Wiltshire benchmark amongst the highest in the peer group.</li> <li>Activity is highest at the RUH with the most growth seen at GWH.</li> <li>The highest volume of activity relates to angioplasty/insertion of stents and this HRG (EA49Z) is where there is most potential to save</li> <li>Savings potential total of £151k on excess bed days, £85k of which is at the RUH</li> </ul>	<b>NEL</b> <b>£143,338</b>	<b>NEL</b> <b>£404,776</b>
<b>Cerebrovascular Disease</b>	<ul style="list-style-type: none"> <li>There is no RightCare potential savings on Electives.</li> <li>RightCare shows a potential opportunity for Non Elective savings and local analysis shows Wiltshire benchmark amongst the highest in the peer group.</li> <li>Activity shows that the most growth is at the RUH</li> <li>RUH also sees the most excess bed days &amp; cost compared to the other acute providers.</li> <li>Savings potential total of £255k on excess bed days most of which are at RUH and GWH</li> </ul>	<b>ELECTIVE</b> <b>£0</b> <b>NEL</b> <b>£139,567</b>	<b>ELECTIVE</b> <b>£0</b> <b>NEL</b> <b>£399,292</b>

# Right Care Elective & Non-Elective Spend Opportunity

## Coronary Heart Disease - Spend

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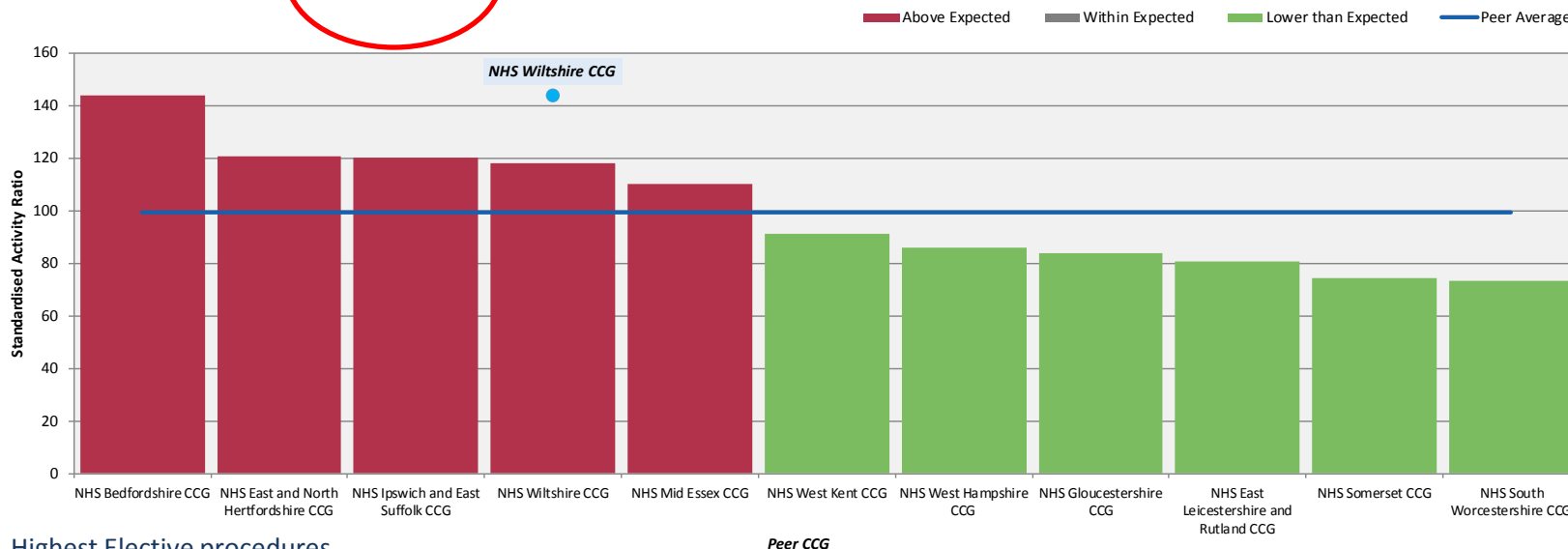


# Elective CHD Opportunity

## Standardised Activity Ratio Benchmarking

The benchmarking data has been derived from the PPMv6 tool via Dr Foster and is based on a rolling 12 month period between February 2016 and January 2017

Peer Rank	Average Cost per Activity	Achieving Expected Rate		Achieving Peer Rate		Achieving 5% Reduction		Achieving 10% Reduction		Achieving Best 5 CCG Average		Achieving Best CCG	
		Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving
8	£2,090	174	£363,618	180	£376,188	57	£119,548	114	£239,096	372	£777,034	433	£905,121



The above SAR analysis shows that Wiltshire CCG benchmark high for CHD Electives and that there is a significant potential saving to be made if the CCG were to achieve the expected rate at a reduction of 174 and £363,618

## Highest Elective procedures

Rank	OPCS Code	OPCS Description
1	K751	Percutaneous transluminal balloon angioplasty and insertion of 1-2 drug-eluting stents into coronary artery
2	K752	Percutaneous transluminal balloon angioplasty and insertion of 3 or more drug-eluting stents into coronary artery

The procedures with most activity are K751 and K752 with the most growth in K752. The provider showing the most growth in 16/17 is GWH although the highest volumes of activity are at the RUH. As with the NEL activity, the HRG's with the most growth are EA49Z and EA36A

## Highest Elective HRG's

Rank	HRG Code	HRG Description
1	EA49Z	Percutaneous Coronary Interventions with 3 or more Stents, Rotablation, IVUS or Pressure Wire
2	EA31Z	Percutaneous Coronary Intervention, 0 to 2 Stents
3	EA36A	Catheter, 19 years and over

## Main Acute Trends- Elective Admissions

Provider	2014/15	2015/16	2016/17	2016/17 Variance
GWH	25	27	48	21 77.8%
RUH	128	87	72	-15 -17.2%
SFT	45	56	54	-2 -3.6%
<b>Grand Total</b>	<b>205</b>	<b>181</b>	<b>192</b>	<b>11 6.1%</b>

Total including other providers

For HRG EA49Z Wiltshire benchmark the highest in the peer group of 10 most similar CCG's and nationally within the top 10 worst performing CCG's for this HRG, showing Wiltshire CCG to be an outlier, which is a significant contributing factor to the overall saving opportunity.

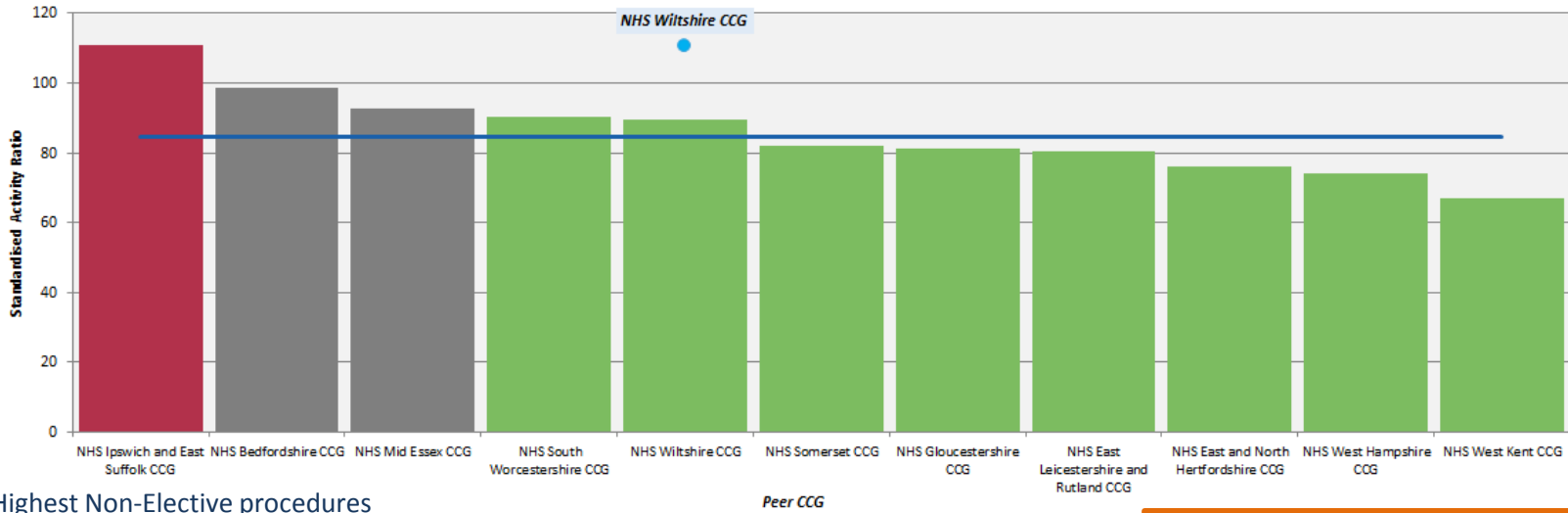


# Non-Elective CHD Opportunity

## Standardised Activity Ratio Benchmarking

The benchmarking data has been derived from the PPMv6 tool via Dr Foster and is based on a rolling 12 month period between February 2016 and January 2017

Peer Rank	Average Cost per Activity	Achieving Expected Rate		Achieving Peer Rate		Achieving 5% Reduction		Achieving 10% Reduction		Achieving Best 5 CCG Average		Achieving Best CCG	
		Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving
7	£2,911	0	£0	49	£143,338	45	£131,003	90	£262,007	139	£404,776	226	£657,972



Wiltshire is at the lower than expected SAR ratio within both peer group and compared to national (ranked 90 nationally), however there may still be opportunity for savings to be made.

## Highest Non-Elective procedures

Rank	OPCS Code	OPCS Description
1	K751	Percutaneous transluminal balloon angioplasty and insertion of 1-2 drug-eluting stents into coronary artery
2	K634	Coronary arteriography using two catheters

Highest ranking procedures and HRG codes are shown here. The acute provider with the most growth is RUH, although across all providers, CHD NON-Elective CHD shows a decrease in growth for 16/17

## Highest Non-Elective HRG's

Rank	HRG Code	HRG Description
1	EB01Z	Non-Interventional Acquired Cardiac Conditions
2	EA36A	Catheter, 19 years and over
3	EB10Z	Actual or Suspected Myocardial Infarction
4	EA31Z	Percutaneous Coronary Intervention, 0 to 2 Stents
5	EA49Z	Percutaneous Coronary Interventions with 3 or more Stents, Rotablation, IVUS or Pressure Wire

## Main Acute Trends – Non-Elective Admissions

Provider	2014/15	2015/16	2016/17	2016/17 Variance	
GWH	259	259	241	-18	-6.9%
RUH	276	242	248	6	2.5%
SFT	402	437	399	-38	-8.7%
<b>Grand Total</b>	<b>946</b>	<b>951</b>	<b>919</b>	<b>-32</b>	<b>-3.4%</b>

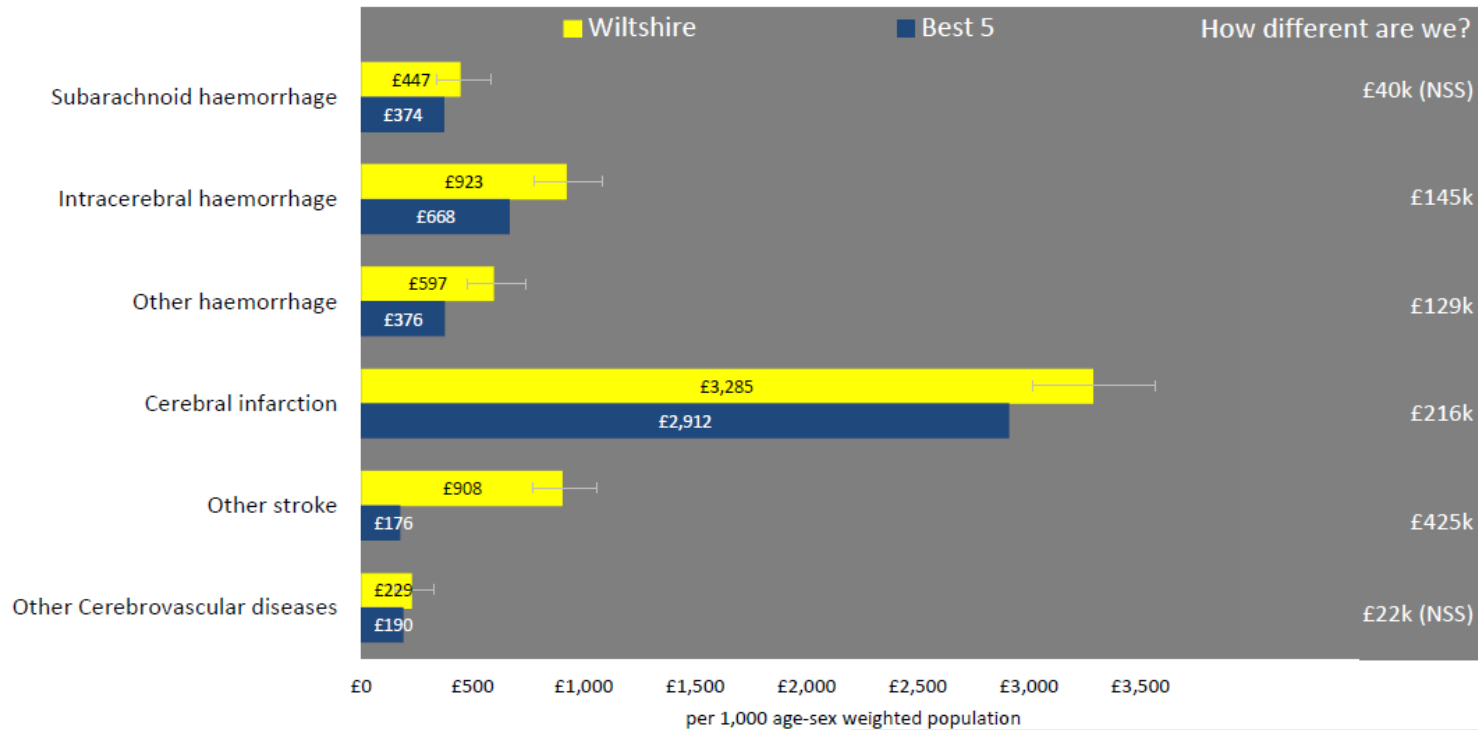
Including other providers

For NEL, HRG EA49Z Wiltshire benchmark the highest in the peer group of 10 most similar CCG's. For HRG EA36A, Wiltshire is the second worst performing CCG in the peer group.

# Right Care Non-Elective Spend Opportunity

## Cerebrovascular disease - non-elective spend

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In 2014/15 there were 9,921 people who had been diagnosed with a stroke in NHS Wiltshire CCG. In the same period there were 667 admissions recorded on the Sentinel Stroke National Audit Programme.

95% confidence intervals  
 NSS Not statistically significant\*  
 \*Where an opportunity is 'NSS' CCGs can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year's data or triangulating with other indicators

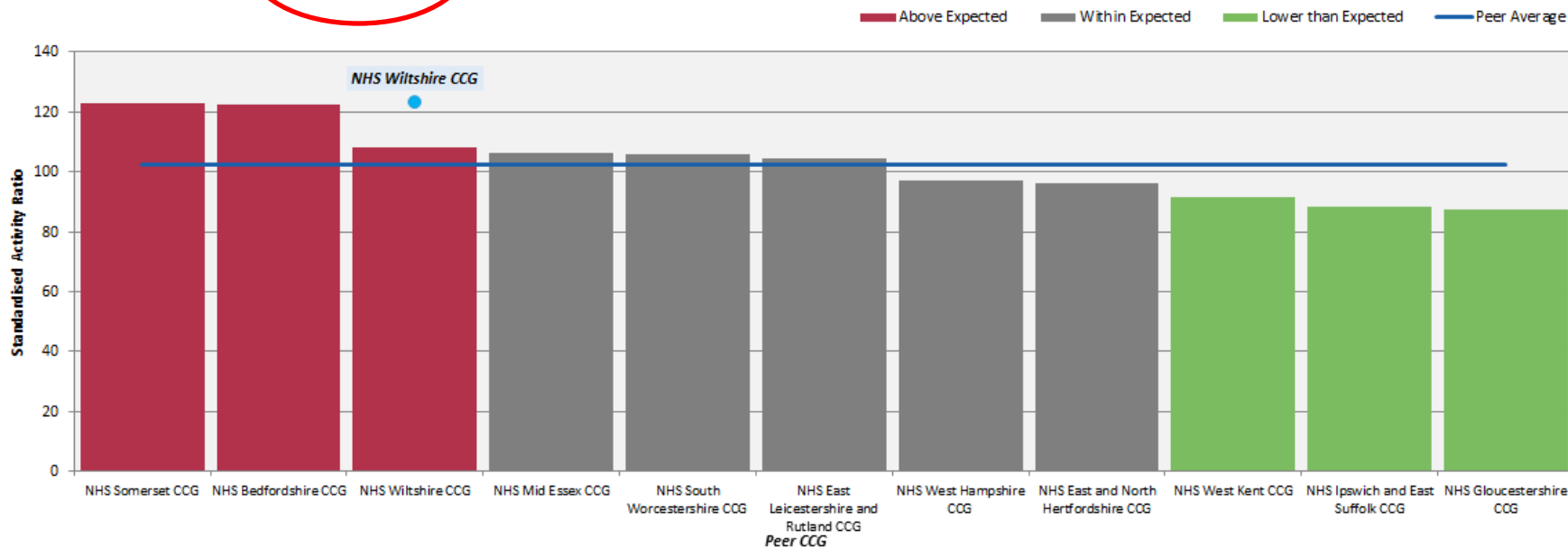
NHS Wiltshire CCG

# Non-Elective Cerebrovascular Disease Opportunity

## Standardised Activity Ratio Benchmarking

The benchmarking data has been derived from the PPMv6 tool via Dr Foster and is based on a rolling 12 month period between February 2016 and January 2017

Peer Rank	Average Cost per Activity	Achieving Expected Rate		Achieving Peer Rate		Achieving 5% Reduction		Achieving 10% Reduction		Achieving Best 5 CCG Average		Achieving Best CCG	
		Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving	Reduction	Saving
9	£3,249	62	£201,203	43	£139,567	42	£135,338	83	£270,675	123	£399,292	159	£517,654



## Main Acute Trends – Non-Elective Admissions

Provider	2014/15	2015/16	2016/17	2016/17 Variance	
GWH	299	251	173	-78	-31.1%
RUH	286	268	293	25	9.3%
SFT	299	296	289	-7	-2.4%
<b>Grand Total</b>	<b>895</b>	<b>825</b>	<b>763</b>	<b>-62</b>	<b>-7.5%</b>

Wiltshire benchmarks high for Cerebrovascular disease and savings could be made if the CCG were to perform at the expected rate. The acute trends show growth at RUH. The HRG's with the highest rates are AA22A and AA23A

## Highest Non-Elective HRG's (all providers)

Rank	HRG Code	HRG Description
1	AA22A	Non-Transient Stroke or Cerebrovascular Accident, Nervous System Infections or Encephalopathy, with CC
2	AA23A	Haemorrhagic Cerebrovascular Disorders with CC

# Further programme areas

Programme	Right Care £opp.	Notes
Cancer & Tumours	Elective £246k Prescribing £42k	Work stream expedited due to focus on cancer. Cancer Rightcare data pack reviewed and fed back to NHSE as part of national cancer plans. Data pack to be produced on refreshed data from NHS RightCare.
Endocrine, Nutritional and Metabolic	Quality measures only	Review scheduled for October 2017
Genitourinary	Prescribing £337k	Review scheduled for October 2017
Maternity and Early Years	Quality measures only	Data pack presented at STP Maternity forum and will be embedded in Maternity Transformation Plan (Oct 17)
Mental Health problems	Quality measures only	Review scheduled for October 2017
Neurological system problems	Prescribing £343k	Will be presented at December CAG.
Respiratory System Problems	Elective £213k Prescribing £243k	Will be presented at October CAG.
Trauma and injuries	NEL £660k Prescribing £127k	Will be presented at December CAG. To be progressed via Falls and Bone Health pre-existing group in January 2018.

<b>Primary Care Prescribing</b>	<ul style="list-style-type: none"> <li>Cerebrovascular - Rightcare packs show that there are potential savings to be made on Anticoagulants, when compared to the best 5 CCGs of which Rivaroxaban showed most opportunity.</li> </ul>		<b>Anticoags 1.1m</b>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>Electives - Type 2 diabetes – Rightcare packs show that there is potential savings of £45k against 5 best CCG’s. This has not been investigated further.</li> </ul>		<b>£45k</b>
<b>Renal</b>	<ul style="list-style-type: none"> <li>Electives - Kidney &amp; Urinary Tract Stones – Rightcare packs show potential savings of up to £90k against 5 best CCG’s. This has not been investigated further.</li> </ul>		<b>£175k</b>