

**Clinical Commissioning Group  
Governing Body  
Paper Summary Sheet  
Date of Meeting: 28 March 2017**

For: PUBLIC session  PRIVATE Session   
For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/17/03/16 NHS Right Care Programme</b>
<b>Author:</b>	Mark Harris, Chief Operating Officer
<b>Lead Director/GP from CCG:</b>	Mark Harris, Chief Operating Officer Dr Mark Smithies, Secondary Care Doctor Lucy Baker, Acting Director of Acute Commissioning Dina McAlpine, Director of Quality
<b>Executive summary:</b>	<p>NHS RightCare 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>This report updates on progress made and the initial areas of focus as well as how existing group will incorporate Right Care improvement opportunities into their work plans.</p>
<b>Evidence in support of arguments:</b>	Information packs produced by NHS RightCare Programme.
<b>Who has been involved/contributed:</b>	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

<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>None at this stage</p>
<b>Financial Implications:</b>	<p>Potential financial efficiency as a result of improving outcomes and service delivery.</p>
<b>Review arrangements:</b>	<p>None at this stage</p>
<b>Risk Management:</b>	<p>To be set out by sub-group.</p>
<b>National Policy/ Legislation:</b>	<p>NHS Right Care Programme <a href="http://www.england.nhs.uk/rightcare/">www.england.nhs.uk/rightcare/</a></p>
<b>Public Health Implications:</b>	<p>Links to improvement in prevention and prevalence at topics level within the programme.</p>
<b>Equality &amp; Diversity:</b>	<p>Not reviewed at this stage.</p>
<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 initial progress made and the priorities identified for the first stage of more detailed work.</p> <p>AGREE to the governance arrangements outlined for overseeing the Right Care Programme in the CCG.</p>

# NHS Right Care Programme

## ISSUE

NHS Wiltshire CCG, is required to participate in Wave 2 of the Right Care Programme; using national benchmark intelligence to reduce unwarranted variation where that impacts on patient outcomes. This is a national requirement for all CCGs that were not part of Wave 1. This will be a regular item at Governing Body meetings to demonstrate how this is being tackled and the progress that is being made.

## TIMING

Routine

## RECOMMENDATION

The Governing Body is asked to note the initial progress made and the priorities identified for the first stage of more detailed work; and to support the governance arrangements outlined for overseeing the Right Care Programme in the CCG.

## BACKGROUND

### **The RightCare Programme ([www.england.nhs.uk/rightcare/](http://www.england.nhs.uk/rightcare/))**

NHS RightCare 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. These are freely available to everyone and include:

- “Where to Look” packs, helping identify the headline opportunities for improvement in a local health economy;
- Focus packs, a series of seven packs that give detailed information on the 11 highest volume programmes of care for a local health economy;
- Long-term Conditions packs, in which opportunities for improvement that support better support and care for people with long-term conditions is detailed from across the programmes of care, and;
- Strategic Transformation Plan (STP) Packs that collate opportunities for improvement for the local health economies that make up each STP area and highlight shared opportunities that can be better taken by working together.

NHS RightCare is also working with Public Health England to co-publish the NHS Atlases of Variation. This series of atlases highlight the issue of unwarranted variation in the provision of healthcare in England using a wide range of indicators.

A reduction in all types of unwarranted variation will increase value for individual patients and for populations, ensuring that the right people are given the right care in the right place at the right time – all whilst making the best use of available but finite resources across the health service. Supporting local and national delivery of this is the aim of NHS RightCare.

## **CCG Strategic Objectives/Priorities**

Using the approach of RightCare and the associated materials assists the CCG in meeting the following strategic objectives :-

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;
4. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare;
6. Enhance quality and safety of services by having effective mechanisms to set quality standards and drive for continuous improvement;
7. Encourage and support the Wiltshire population to manage their own care, improve their health and wellbeing and make their own choices.

## **Update on actions**

At the Governing Body in January 2017 the following actions were identified from national guidance and the CCGs Right Care Delivery Partner (employed by NHS England to cover a regional set of CCGs).

Giving profile to the work it does in relation to RightCare at the Governing Body and demonstrate regular progress against the opportunities.

This will be achieved through this and subsequent reports to the Governing Body and a regular basis. The default position is that this will be a standing item on the Governing Body agenda.

To complete a self-assessment checklist of readiness to adopt RightCare approaches into mainstream business

A guide outlining areas for the CCG to ensure are covered has been reviewed and will be more formally assessed at the next review with our Delivery Partner.

To set out a programme of work that demonstrates how 40% of the opportunities will have actions identified by September 2017

A sub-group of the Clinical Advisory Group has met and has reviewed the Programme Area level opportunities as described in more detail below. This allowed identification of 4 key areas of initial focus which have been shared with NHS England (Appendix 1) so that they can collate the areas being developed and ensure support tools are developed where required.

This group also set out the governance arrangements for Right Care within the CCG, recognising that it will be used in many places, but needs a single point of oversight as set out in figure 1.

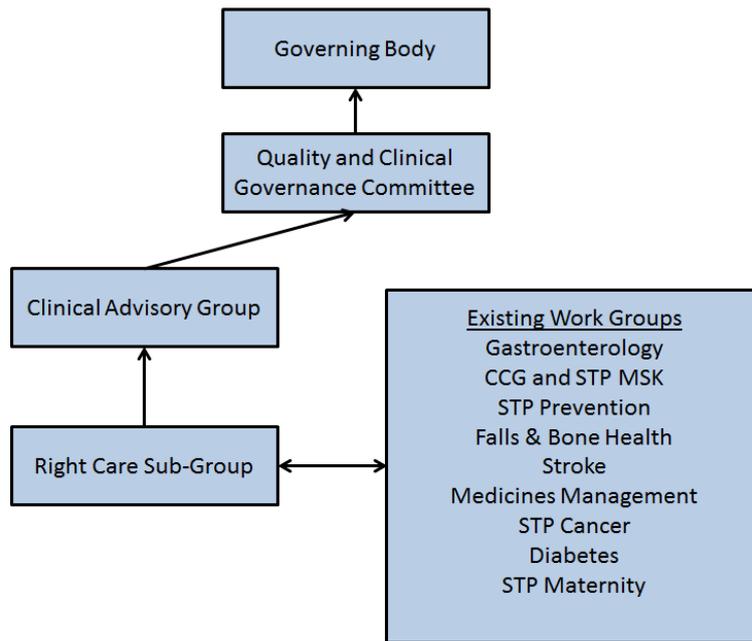


Figure 1. Proposed Governance for Right Care in Wiltshire CCG

The Clinical Executive will review the outline programme in April 2017.

The CCG has initiated discussions through the Clinical Board of the Sustainability and Transformation Plan to create a joint Clinical Advisory Group.

To put in place a decision tool to prioritise the implementation of planned improvements

This has not yet been completed. A number of example tools have been collected for consideration and the Clinical Advisory Group will consider and agree a tool for use within Wiltshire CCG. The purpose of the tool is to both demonstrate the outcomes intended from any improvement consistently and to aid prioritisation. The CCG will need to be mindful that there are many projects and initiatives already underway and that the tool will need to be used to prioritise focus alongside other considerations.

**Right Care Topic review**

A sub group of the Clinical Advisory Group met to discuss the quality and finance benchmark opportunities across the 11 high level programme budget areas. This discussion mapped the benchmark opportunities against the Menu of Opportunities<sup>1</sup>, whether or not there was an STP or existing QIPP opportunity; and whether there was any local intelligence of an area for improvement or an existing initiative underway.

A summary of the areas of initial work identified is set out in Table 1.

<sup>1</sup> NHSE Publication of QIPP opportunities based on a collation of work underway across the country

Programme Area	Initial Focus Areas	Notes
Gastrointestinal (Priority Area)	Elective £796K benchmark variance is much higher than locally identified opportunities to date.	Already a CCG and STP work stream – existing group to widen its scope.  6+ week waits for a gastroscopy through Contractual Remedial Action Plan  Hemorrhoid surgeries as day cases will be supported by a clinical policy under development.
Musculoskeletal (Priority Area)	Benchmark opportunities in Elective of £7,277K including link to prevention work stream.  £414K Non elective benchmark opportunity that is not Trauma requires investigation as to what it is.  £118K Prescribing benchmark opportunity to be reviewed alongside pain management and de-prescribing.	Already a CCG and STP work stream – existing group to widen its scope.
Trauma and injuries (Priority Area)	£660K benchmark opportunity in non elective to be reviewed with focus on falls.  Approach to fracture liaison to be reviewed alongside STP Prevention work stream.	Existing Falls and Bone Health Group to include Right Care opportunities in its scope. Quality team to join this group.
Circulation (Priority Area)	£716K benchmark opportunity in non-elective with initial focus on stroke pathway.  Deep dive of £766K prescribing benchmark opportunity.	
Endocrine (Priority Area)	<ul style="list-style-type: none"> <li>• % diabetes patients whose cholesterol &lt; 5 mmol/l</li> <li>• % diabetes patients whose HbA1c is &lt;59 mmol/mol</li> <li>• % diabetes patients whose blood pressure is &lt;140/80</li> <li>• % of diabetes patients receiving all three treatment targets</li> <li>• % patients receiving foot examination</li> <li>• Retinal screening</li> <li>• % diabetes patients referred to structured education</li> </ul>	STP and local groups to cover the quality improvement opportunities and expand membership to include quality and public health.
Cancer	<ul style="list-style-type: none"> <li>• Breast cancer screening</li> <li>• Breast cancer detected at an early stage</li> <li>• Bowel cancer screening</li> <li>• Successful smkin quitters</li> </ul>	STP Cancer forum to incorporate into its work plan.
Respiratory		To be reviewed further.
Neurological		Medicines Management to review

		prescribing variances.
Genitourinary		Medicines Management to review prescribing variances.
Maternity		Maternity Forum to incorporate quality improvement opportunities into work plan.
Mental Health		Mental Health Joint Commissioning Board and Mental Health Wellbeing Partnership to incorporate into their work plans.

*Table 1. Summary of work areas.*

Appendix 1. NHSE Return detailing priority areas

	<b>Programme of Care</b>	<b>Non-elective identified opportunity £</b>	<b>Elective identified opportunity £</b>	<b>Primary prescribing identified opportunity £</b>
<b>Intervention 1</b>	<b>Problems of the Musculo skeletal system</b>	<b>414,000</b>	<b>7,277,000</b>	<b>118,000</b>
<b>Intervention 2</b>	<b>Problems of the gastro intestinal system</b>	<b>0</b>	<b>796,000</b>	<b>0</b>
<b>Intervention 3</b>	<b>Problems due to Trauma and Injuries</b>	<b>660,000</b>	<b>0</b>	<b>127,000</b>
<b>Intervention 4</b>	<b>Problems of circulation</b>	<b>716,000</b>	<b>0</b>	<b>766,000</b>

Note : Opportunities shown are the national benchmark opportunity and have not yet been localised.