NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 23 May 2017

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☒ **Noting** ☐

Agenda Item and title:	**GOV/17/05/17 NHS Right Care Programme**
Author:	Mark Harris Chief Operating Officer
Lead Director/GP from CCG:	Mark Harris, Chief Operating Officer Dr Mark Smithies, Secondary Care Doctor Lucy Baker, Acting Director of Acute Commissioning Dina McAlpine, Director of Quality
Executive summary:	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. 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.
Evidence in support of arguments:	Information packs produced by NHS RightCare Programme.
Who has been involved/contributed:	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
Cross Reference to 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.
Engagement and Involvement:	None at this stage
Communications Issues:	None at this stage
Financial Implications:	Potential financial efficiency as a result of improving outcomes and service delivery.
Review arrangements:	None at this stage
Risk Management:	To be set out by sub-group.
National Policy/ Legislation:	NHS Right Care Programme **www.england.nhs.uk/rightcare/**
Public Health Implications:	Links to improvement in prevention and prevalence at topics level within the programme.
Equality & Diversity:	Not reviewed at this stage.
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to :- NOTE the progress made and next steps to use the deep dive information to generate the improvement actions.

NHS RightCare Programme – CCG Progress Update May 2017

Introduction

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.

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.

As part of the programme the CCG is required to demonstrate progress against a 15 step plan and a small number of reporting requirements are in place to give assurance of the CCG's position against these steps. The requirements are shown in Appendix 1.

Progress against 15 delivery steps

a) Programme start up

The CCG has met several times with our Delivery Partner, who is also covering 10 CCGs, but usefully this includes both BaNES and Swindon CCGs.

It has been agreed and reported to the Governing Body, that the governance for overseeing the use of RightCare intelligence and evidence will be through the Clinical Advisory Group (CAG).

Additionally the CCG has recruited to a Planning and Transformation Information Manager post, who has started the deep dive information required to inform the optimal design workshops/discussions.

b) Initial priority areas

A sub group of the CAG met and agreed the four priority areas that would be reported to NHSE as well as highlighting where existing groups or projects should ensure that they use the RightCare information in their work plans. Whilst the RightCare approach is focused on tackling variation in outcomes, there are financial variations that present within the information too. There is a national expectation that the scope of the CCG's work should include topics that represent at least 40% of the financial variation shown. The four areas for Wiltshire CCG represent 88% of the financial variation.

The four priority areas are:-

- Gastrointestinal

- Musculoskeletal
- Circulatory Disease
- Trauma and injuries

A summary of the evaluation used in determining these areas is shown in Appendix 2.

c) Decision criteria

The CCG is expected to develop and use a decision tree to inform the priority of initiatives that come from discussions on using the data.

This has produced and submitted, in the knowledge that it will be reviewed further to expand the assessment of quality improvement following the Clinical Advisory Group recommendations to ensure parity of quality improvement with financial benefit.

It was also recommended that whilst this scoring tool will give an important steer; that this would not be used completely in isolation and that a “sense check” on the combined improvement to quality and finance would remain in place.

The current version is shown at Appendix 3.

d) CCG Diagnostic

A self-diagnostic of CCG progress in embedding RightCare into business is also required. A baseline assessment has been submitted showing the following.

Wiltshire CCG

NHS RightCare

	Quality domains		Assessed maturity level							Trend
Quality domains	Leadership	System Leaders	1	2	3	4	5	6	7	↑
		System adopts and embeds Right Care	1	2	3	4	5	6	7	↑
	Engagement	Clinical Engagement	1	2	3	4	5	6	7	↑
		Patient/ Public Engagement	1	2	3	4	5	6	7	↑
	Intelligence	Indicative Data	1	2	3	4	5	6	7	↑
		Evidential Data	1	2	3	4	5	6	7	↑
	Effective improvement processes	Governance Framework (structure)	1	2	3	4	5	6	7	↑
		Business Process	1	2	3	4	5	6	7	↑
	Capacity & Capability	Programme management	1	2	3	4	5	6	7	↑
		Alignment of skills and people	1	2	3	4	5	6	7	↑

e) Next steps

The next steps will be to use the first deep dives of information and run the cycle of improvement events/discussions to identify the areas for change in the prioritised areas.

Appendix 1 - RightCare wave 2 Delivery Plan

Wiltshire CCG

RightCare - Wave 2 - Delivery Plan

STEP	Description	Target date
1	Engagement completed with CCG and key partners	31/01/2017 (Complete)
2	Priority programme areas reported	24/02/2017 (Complete)
3	Decision criteria agreed and approved to drive RightCare high impact/ quick wins workstream. Ideas generation process agreed and live.	15/04/2017 (Complete)
4	CCG diagnostic completed	21st April 2017 (Complete)
5	Credible Delivery Plan shared with Delivery Partner	5th May 2017 (Complete)
6	Optimal design workshops (or equivalent process) held for at least one programme area	9th June 2017
7	High impact/ quick win ideas prioritised through decision criteria and cases for change in production.	9th June 2017
8	Logic model for programme 1 developed	30th June 2017
9	Optimal design workshops (or equivalent process) held for at least two programme areas	7th July 2017
10	Logic model for programme 2 developed	31 July 2017
11	Optimal design workshops (or equivalent process) held for at least three programme areas	04 August 2017
12	Logic model for programme 3 developed	31 August 2017
13	Evidence of quick wins/high impact priority projects being implemented	01 September 2017
14	Logic Models, Health Outcome Trajectories, Financial Trajectories approved for all programme areas	08 September 2017
15	Latest date monitoring started using logic models etc.	October

Appendix 2

Topic area	£opp	Quality Aspects / Non-Financial	STP Alignment	QIPP opp	Menu of Opportunities	Current work programme in CCG / Notes
Gastrointestinal (RightCare Priority)	Elective £796K	Gastro - Rate of bed days • Mortality from gastrointestinal disease under 75 years • % 6+ week waits for a gastroscopy (4 month snapshots) • Alcohol specific hospital admissions • Rate of emergency gastroscopies • Emergency admissions for Upper GI bleeds • Emergency admissions for Peptic Ulcerations • Reported Clostridium difficile cases • % of haemorrhoid surgeries which are day cases • % 6+ week waits for a colonoscopy (4 month snapshots) • Emergency admissions for gastroenteritis (0-4	Yes	Yes	?	Yes Reducing preventable demand
MSK (RightCare Priority)	Elective £7,277 NEL £414K Prescribing £118K	MSK - Rate of bed days • Hip replacement, EQ-5D Index, average health gain • Knee replacement, EQ-5D Index, average health gain • % fractured femur patients returning home within 28 days	Yes	Yes	Yes	Yes
Trauma and injuries (RightCare Priority)	NEL £660K Prescribing £127K	• Trauma and injuries - Rate of bed days • Injuries due to falls in people aged 65+ • Unintentional and deliberate injury admissions, 0-24yrs • All fracture admissions in people aged 65+ • % fractured femur patients returning home within 28 days	Yes – Falls and Fracture Liaison	?	?	Yes
Respiratory	Elective £213K	Mortality data is flagging	No	?	?	No

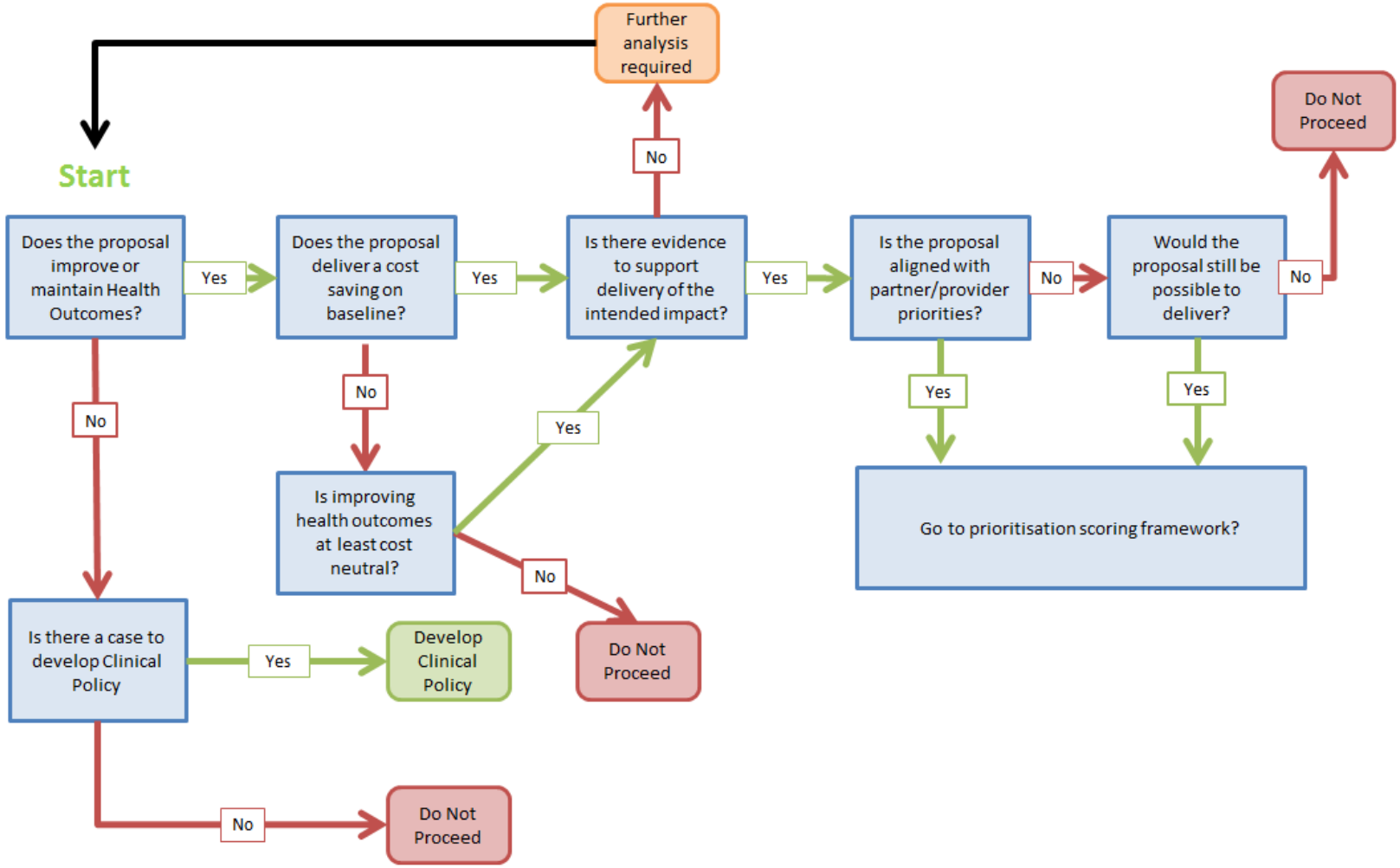
	Prescribing £243K	(more recent data)				
Circulation (RightCare Priority)	NEL £716K Prescribing £766K	• Reported to estimated prevalence of CHD • Patients with CHD whose BP < 150/90 • Patients with CHD whose cholesterol < 5 mmol/l • Patients with hypertension whose BP < 150/90 • Patients with stroke/TIA whose BP < 150/90 • Stroke patients spending 90% of their time on stroke unit • % patients returning home after treatment • High-risk AF patients on anticoagulation therapy • Patients who go direct to a stroke unit (quarter) • Stroke patients treated by early supported discharge team (quarter	No	Yes	Yes	In part
Cancer	Elective £246K Prescribing £42K	• Breast cancer screening • Breast cancer detected at an early stage • Bowel cancer screening • Successful quitters, 16	Yes	No	?	Yes
Neurological	Prescribing £343K		No	?	?	No
Genitourinary	Prescribing £337K	• Patients on CKD register with a BP of 140/85 or less • Patients on CKD register treated with an ACE-1 or ARB • Creatinine ratio test used in last 12 months	No	?	?	No
Endocrine	-	• % diabetes patients whose cholesterol < 5 mmol/l • % diabetes patients whose HbA1c is <59 mmol/mol • % diabetes patients whose blood pressure is <140/80 • % of diabetes patients receiving all three treatment targets	Yes	No	?	Yes

		• % patients receiving foot examination DN says look at • Retinal screening • % diabetes patients referred to structured education				
Maternity		• % of delivery episodes where mother is <18 • Flu vaccine take-up by pregnant women • Smoking at time of delivery • Infant mortality rate • Emergency LRTI admissions rate for <1s • % receiving 3 doses of 5-in-1 vaccine by age 2 • A&E attendance rate for <5s • Emergency admissions rate for <5s – covered in Paeds. • Unintentional & deliberate injury admissions for <5s • % of children aged 4-5 who are overweight or obese • Hospital admissions for dental caries (1-4 years) • % receiving 1 dose of MMR vaccine by age 2	Yes	No	?	Yes
Mental Health	-	• Physical health checks for patients with SMI • People subject to mental health act (quarter) • Assessment of severity of depression at outset • Completion of IAPT treatment (quarter) • IAPT: % referrals with outcome measured (6 months) • IAPT: % 'moving to recovery' rate (quarter) • IAPT: % achieving 'reliable improvement' (quarter) • Emergency hospital admissions for self-harm - • % adults on CPA in settled accommodation (end of quarter snapshot) • % short stay emergency admissions aged 65+ with dementia- analyse	Yes	No	Yes	Yes

		• % new dementia diagnosis with blood test (to exclude a secondary cause) • % of EIP referrals waiting >2 wks to start treatment (Incomplete) (5m – covered under acute care pathway work as others see George				
Total	£12.298m					
40% of Total	£4.919m					

Appendix 3 – Decision Criteria

Wiltshire CCG - Decision Tree for testing and prioritising Investment /Improvement Proposals



Prioritisation matrix					
Ease of Delivery	In year, non complex with >75% PYE savings	In year , non complex with >50% PYE savings	In year, complex / non complex with PYE savings	1 year +, non complex	1 year plus, complex
	5	4	3	2	1
Overall Financial Savings when fully operational	> £1m	£500k - £1m	£250K - £500k	£100-250K	>£100K
	5	4	3	2	1
Cost of delivery in year 1	£0 - £100k	£100k - £200k	£200k-£350K	£200k-£350K	>£500K
	5	4	3	2	1
ROI % over 2 years (Multiplier)	>30%	20-30%	10-20%	0-10%	<0%
	x2.5	x2	X1.5	x1	x0
				Total Score	"X"

Financial Benefits Key				
> 18	9-18	< 9		
High Priority	Medium Priority	Low Priority		

Quality/Outcome Improvement Rating					
Reducing unwarranted variation in outcomes for patients	Wording to be defined	Wording to be defined	Wording to be defined	Wording to be defined	Wording to be defined
	A	B	C	D	E