Right Care:
Identifying and seizing value opportunities for 2016/17 and beyond

Some thoughts to stimulate a discussion…
… and ACTION

OCCG Board Workshop
9th February 2016

North   North East   Oxford City   South East   South West   West

Approach to date

❑ How good have we been at delivering savings so far?

❑ Why?

- Approach
  - Engagement and ownership
  - The credibility battle
  - Consensus
  - Opportunities
  - Contractualising

Emerging Whole System Approach

❑Transformation

- ▪ Board & Programme

- ▪ Storyboard and 9 workstreams

❑Scope ☑

❑Scale ☑

❑Timescales ☑

❑Both/and

❑Resources

The Forward View Challenge

NHS England

Operational productivity

- **Benchmarking**
- **Workforce productivity**
- **Approach to procurement**
- **Estates optimisation**
- **Leadership**

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- **Where to look**
- **What to change**
- **How to change**

Allocative efficiency & demand

New Models of Care

Vanguard programmes:

- **Integrated Primary & Acute Care Systems (PACS)**
- **Multi-speciality Community Providers (MCP)**
- **Enhanced Health in Care Homes**
- **Urgent and Emergency Care**
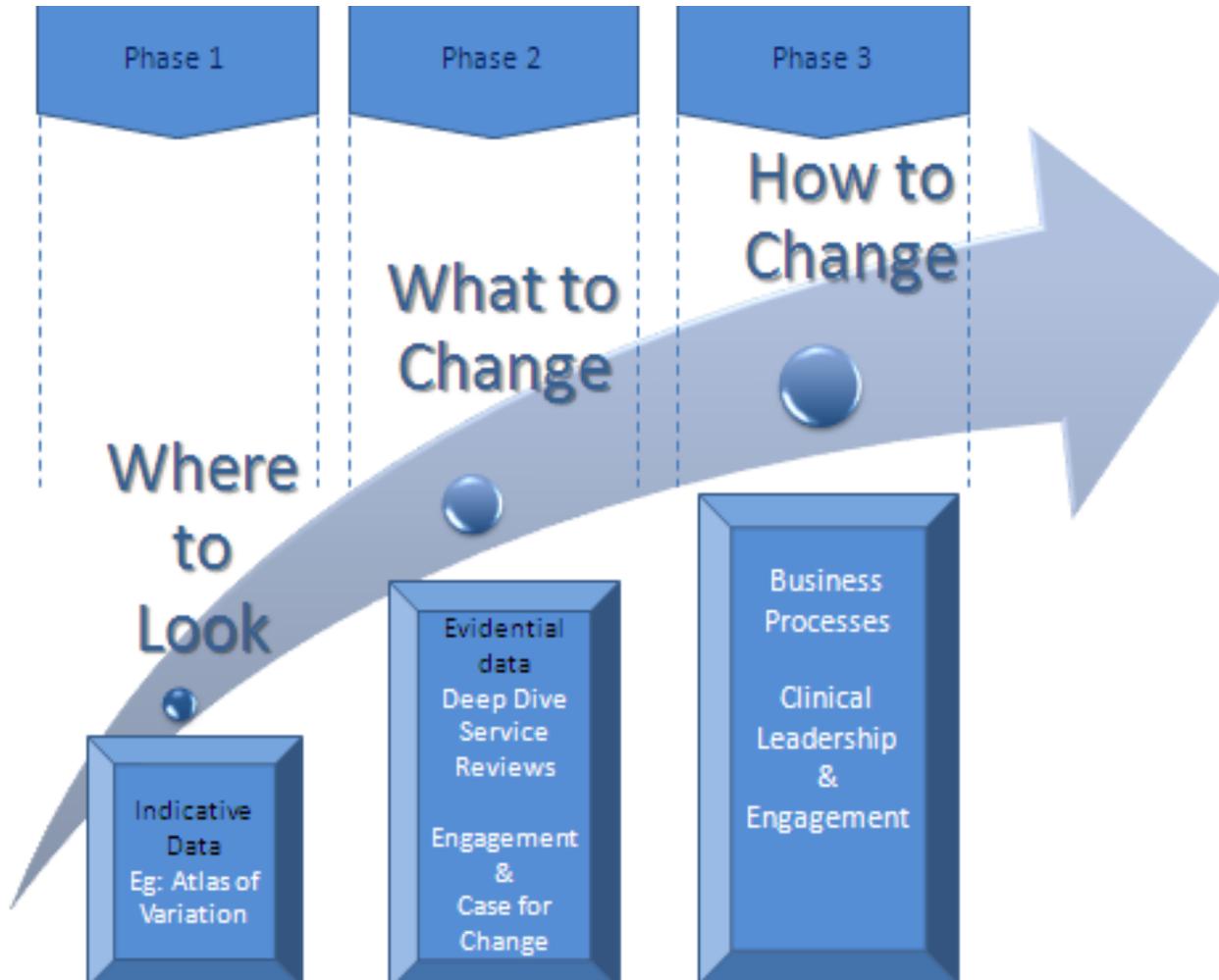- **Acute Care Collaboration**

Finance input:

- **Business models**
- **Pricing & payment mechanisms**
- **Procurement & contracting support**
- **Cross-sector collaboration**

The NHS RightCare approach in a nutshell

1. Helps health economies find where they are wasting money on sub-optimal healthcare.

2. Helps them replace that with optimal healthcare and save money.

1 key objective + 3 key phases + 5 key ingredients = COMMISSIONING FOR VALUE

OBJECTIVE - Maximise Value (individual and population)

Phase 1 — Where to Look

Indicative Data
Eg: Atlas of Variation

Phase 2 — What to Change

Evidential data
Deep Dive Service Reviews

Engagement & Case for Change

Phase 3 — How to Change

Business Processes

Clinical Leadership & Engagement

Five Key Ingredients:

1. **Clinical Leadership**

2. **Indicative Data**

3. **Clinical Engagement**

4. **Evidential Data**

5. **Effective processes**

Built on basic, simple improvement principles
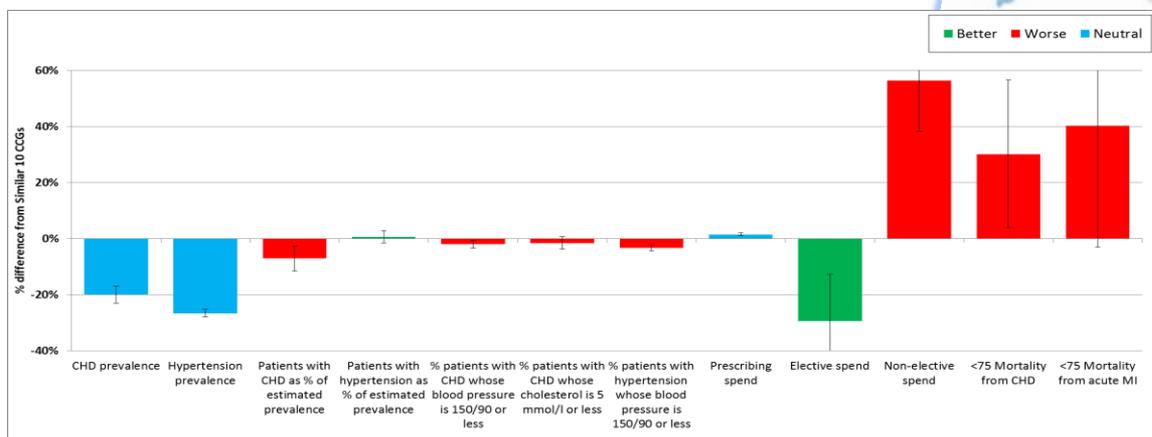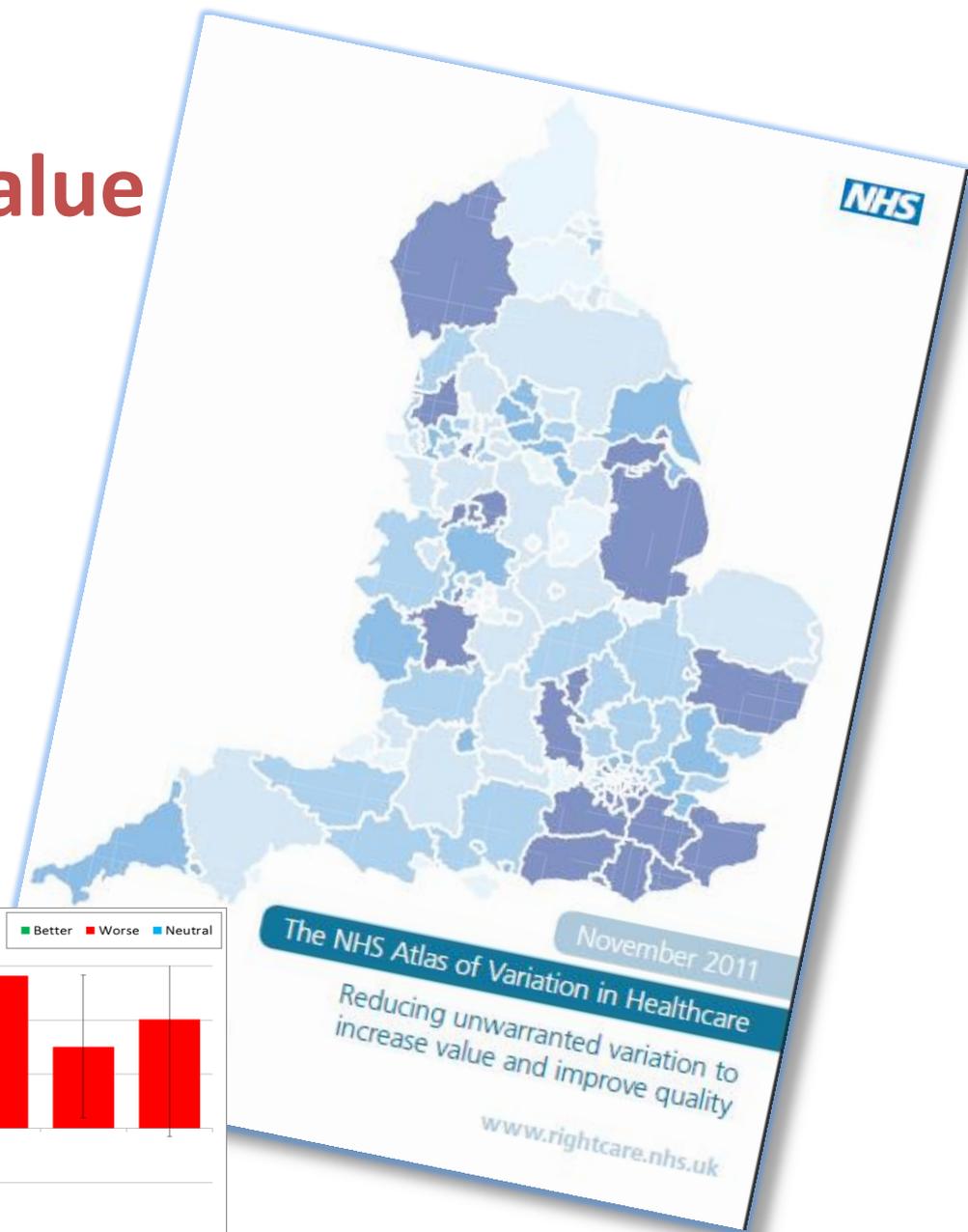
1. Get everyone talking about the same stuff

    - Agree what to focus improvement effort on

2. When talking about it, talk about 'what is wrong?' and 'what will fix it?', NOT 'who's fault is it?'

    - Design optimal (protocols, pathway and systems)

3. Build evidence to demonstrate that 'what will fix it?' can be done

    - Assess and make case for viability of impact

4. (Thanks to above) always talk about implementation from perspective of 'this is the right thing to do for the population, and it is do-able'

    - Isolate true reasons for non-delivery

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The 1ˢᵗ principle of Commissioning for Value

Awareness is the first step towards value –

If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place

The NHS Atlas of Variation in Healthcare

November 2011

Reducing unwarranted variation to increase value and improve quality

www.rightcare.nhs.uk

And what can happen if you do?

- Ashford CCG

  - Adopted RightCare December 2014
  - Variation highlighted MSK referral rates
  - Designed and developed local protocols
  - Designed and implemented local triage

  - Reduced referrals by **30+%**!!!

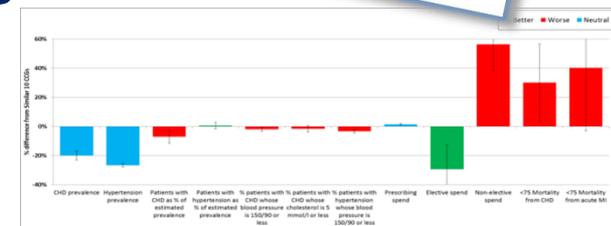# Inconvenient truths: Leadership behaviour - Not for the fainthearted

- NHS RightCare is designed to:

  - Make you look for problem areas (and face entrenched views)
  - Make you fix them (no matter how hard)
  - Highlight and deal with blocks in progress (including when important people/ stakeholders)

- Doesn't allow you to shy away

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Out now & Coming soon

- Atlas Opportunities Locator tool

- Commissioning for Value refresh packs
- CfV Focus packs – 11 programmes of care

- LTC and MH CfV packs

- New and refreshed Atlases of Variation

- Repository of Shared Decision Making

www.rightcare.nhs.uk

Patient Decision Aids – Implementation Process

1. Identify best 6 PDAs for local impact

   • Use DD, CfV, AoV, PLCV, local enthusiasm, etc

2. Localise with local GP lead and add referrals criteria and protocols

   • C. 50% of unwarranted activity dealt with by PDAs, 50% by protocols

3. Implement in key practices and prove impact

4. Spread across practices

5. Implement next 30 PDAs (in phases or collectively)

6. Implement International best practice

Optional (innovative):

7. *Design own, use and spread*

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Next steps

❑ Identify value opportunities: benchmark OCCG against the national Top Quintile

❑ Discuss and agree the approach:

- ▪ *Here, today*
- ▪ with partners at 16th February Transformation Board

❑ Engage with our national delivery partner (advice, support)

❑ Identify priority areas; create clinical and managerial capacity

❑ Deliver quick wins