



HEALTHCARE  
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## *Case study*

# Tackling unwarranted variation and maximising value in healthcare using the NHS RightCare approach

*NHS Southampton City CCG*

*January 2017*



**NHS**  
Southampton City  
Clinical Commissioning Group

**NHS**  
RightCare

This case study describes the NHS RightCare programme and the journey Southampton City CCG has been on since January 2016, to explore and address the variation in healthcare identified by the NHS RightCare Commissioning for Value data packs.

NHS RightCare is a national programme that supports improvements in population health and increased value across local health economies. This is achieved by reducing unwarranted variation in outcomes and increasing value in health and care.

NHS England is investing in the programme to enable every health economy in England to embed the RightCare approach in their transformation programmes.

The NHS Atlases of Variation demonstrate that there is significant variation in access to health services, quality, cost and outcomes across England and much of this is unwarranted.

Bespoke data packs for each CCG (publically available on NHS RightCare's website) highlight the top priorities and best opportunities to increase value by identifying variation.

PLICS (patient-level costing) information can support local health economies to identify the reasons for variation highlighted by NHS RightCare data packs.

Southampton City CCG's data pack identified the headline areas where spend and quality indicators were outliers compared with their comparator group. Having decided on their priority areas, further deep dive analysis, as well as clinical engagement, was undertaken to identify improvement opportunities and actions for change. This has led to an implementation plan for improved management of patients who present with gastro-intestinal conditions.

## What do we mean by value at the population level?

The NHS Atlases of Variation<sup>1</sup> show huge and unwarranted variation in access, quality, cost and outcomes across England. The NHS Atlases are 'pivotal in the interrogation of routinely available data that relate investment, activity and outcome to the whole population in need and not just those who happen to make contact with a particular service. Only by taking this population perspective can we trigger the search for unwarranted variation and assess the value of the healthcare provided both to populations and individuals.'

## What is NHS RightCare?

NHS England's NHS RightCare programme supports health economies to improve population health, by focusing on value and reducing unwarranted variation.

RightCare is a methodological approach to improvement that supports systems with:

- a robust starting point - indicative data
- effective mechanisms for engagement with all stakeholders
- galvanising and focusing clinical leadership
- a clear business process to build the case for change
- a clear prioritisation and decision making process
- clinical pathway redesign and enhanced implementation capability

NHS RightCare delivery partners are working with all local health economies to support implementation.

The *NHS Operational Planning and Contracting Guidance 2017-2019* refers to the implementation of RightCare within the nine 'must do' priorities.

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<sup>1</sup> The NHS Atlases of Variation comprise of maps detailing widespread variation in quality, activity, health outcomes and cost in the NHS in England <https://www.england.nhs.uk/rightcare/intel/cfv/atlas/>

## What is the NHS RightCare approach?

Figure 1 shows the three phases of the RightCare approach which is all about:

- *Where to look* - a review of indicative data to highlight the top priorities and best opportunities for transformation and improvement as determined by comparison of outcomes with a CCG's most similar peers
- *What to change* - a more detailed review of specific areas and pathways and undertaking service reviews as necessary. A review of best practice and evidence will inform 'what to change'. This stage is about identifying the potential options for improvement and testing viability
- *How to change* - taking forward the opportunities and making them happen. This is achieved through outlining the case for change, ensuring impact assessments and assumptions are explicit.

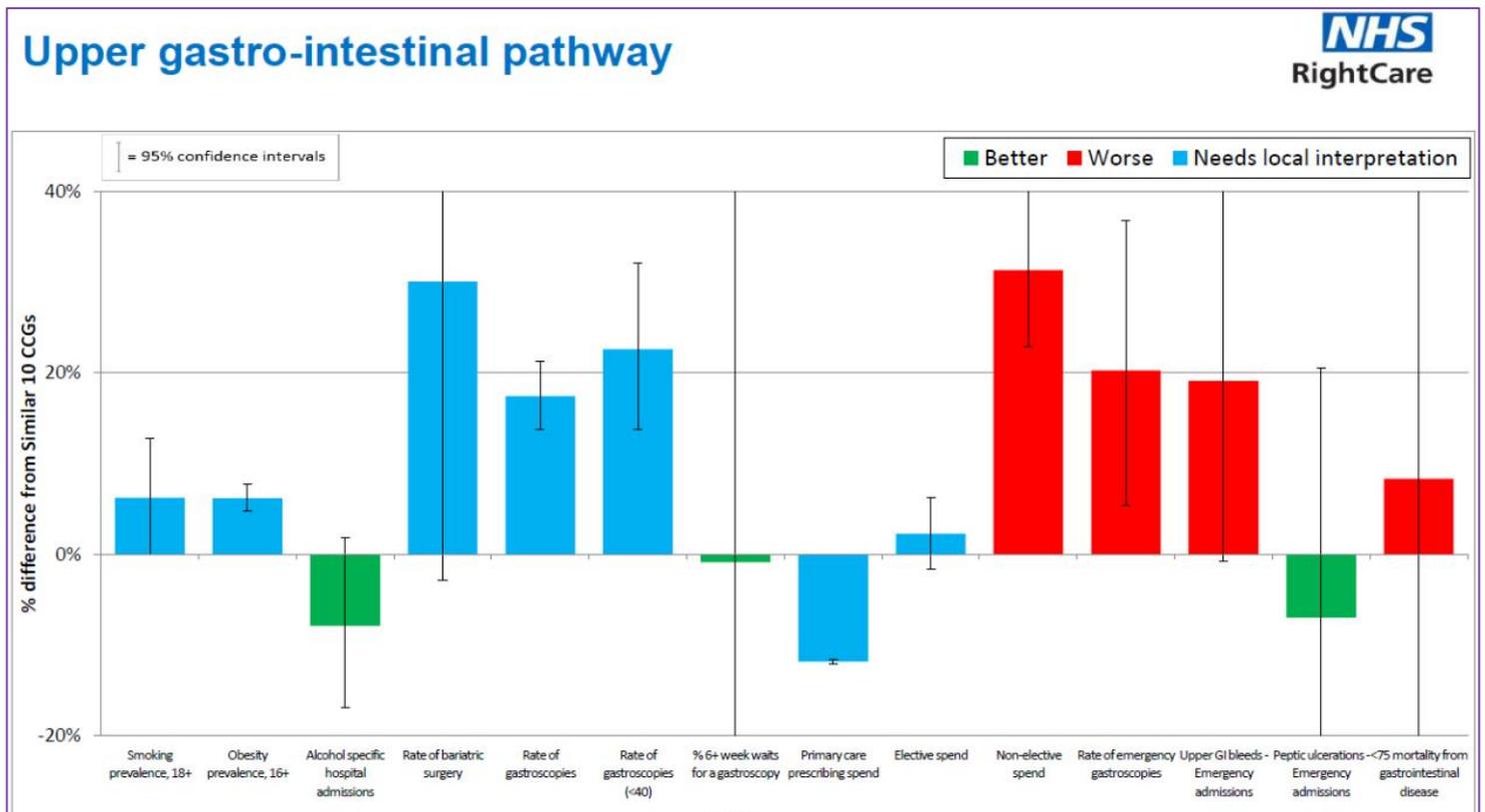
Figure 1 NHS RightCare approach



NHS RightCare's website holds a wealth of comparative data at CCG level<sup>2</sup> to support local health economies improve the way care is delivered for their patients and populations, including 'pathways on a page' in the Commissioning for Value packs. Figure 2 shows the upper gastro-intestinal pathway for Southampton City CCG.

<sup>2</sup> <https://www.england.nhs.uk/rightcare/intel/cfv/>

Figure 2 Example of upper gastro-intestinal 'pathway on a page' – Southampton CCG



## Southampton City CCG's NHS RightCare journey

Clare Young, planning and PMO manager and NHS RightCare lead at Southampton City CCG, describes their NHS RightCare journey as having four key phases:

- **Phase 1: Prioritisation** – gaining executive and clinical buy-in on which programme pathways to focus on
- **Phase 2: Deep dive analysis** – investigate local data aligned to the NHS RightCare benchmarking headlines
- **Phase 3: Task and Finish Group** – detect current problems in the pathway and identify improvement opportunities
- **Phase 4: Delivery** – planning for implementation

### Phase 1: Prioritisation – gaining executive and clinical buy-in on which programme pathways to focus on

In January 2016, NHS RightCare published the *Refreshed 'Where to Look' packs*.<sup>3</sup> Each CCG received a bespoke pack, highlighting the top priorities and best opportunities to increase

<sup>3</sup> <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/>

value by identifying unwarranted variation. CCGs are compared to the 10 most demographically similar CCGs. The Southampton pack<sup>4</sup> identified the headline areas where spend and quality indicators were outliers compared with their comparator group. (Figure 3).

**Figure 3 Headline opportunity areas for Southampton City CCG January 2016**



Clare organised an initial meeting with senior staff in Southampton City CCG, with their NHS RightCare delivery partner, Mary O'Brien, to choose four priority programmes, which were:

- MSK
- Cancer
- Gastro-intestinal
- Neurological

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/03/southampton-ccg-cfv.pdf>

## **Gaining clinical buy-in**

The next stage was to hold a clinical prioritisation workshop, attended by Clinical Board Members, GP Clinical Leads, Public Health and CCG senior staff. The purpose of the workshop was to collectively agree two out of the four priority programmes to take forward.

Prior to this workshop, Clare had carried out some further analysis on each of the four programmes, using local data, to get a more detailed picture. The NHS RightCare data and local analysis were presented at the workshop, following which each table discussed and voted which two programmes they thought should be prioritised, of which there was a unanimous vote for gastro-intestinal and neurological. This workshop helped Clare to get good clinical buy-in to the two programmes right from the start.

## **Getting the entire CCG and the city's GPs engaged in NHS RightCare**

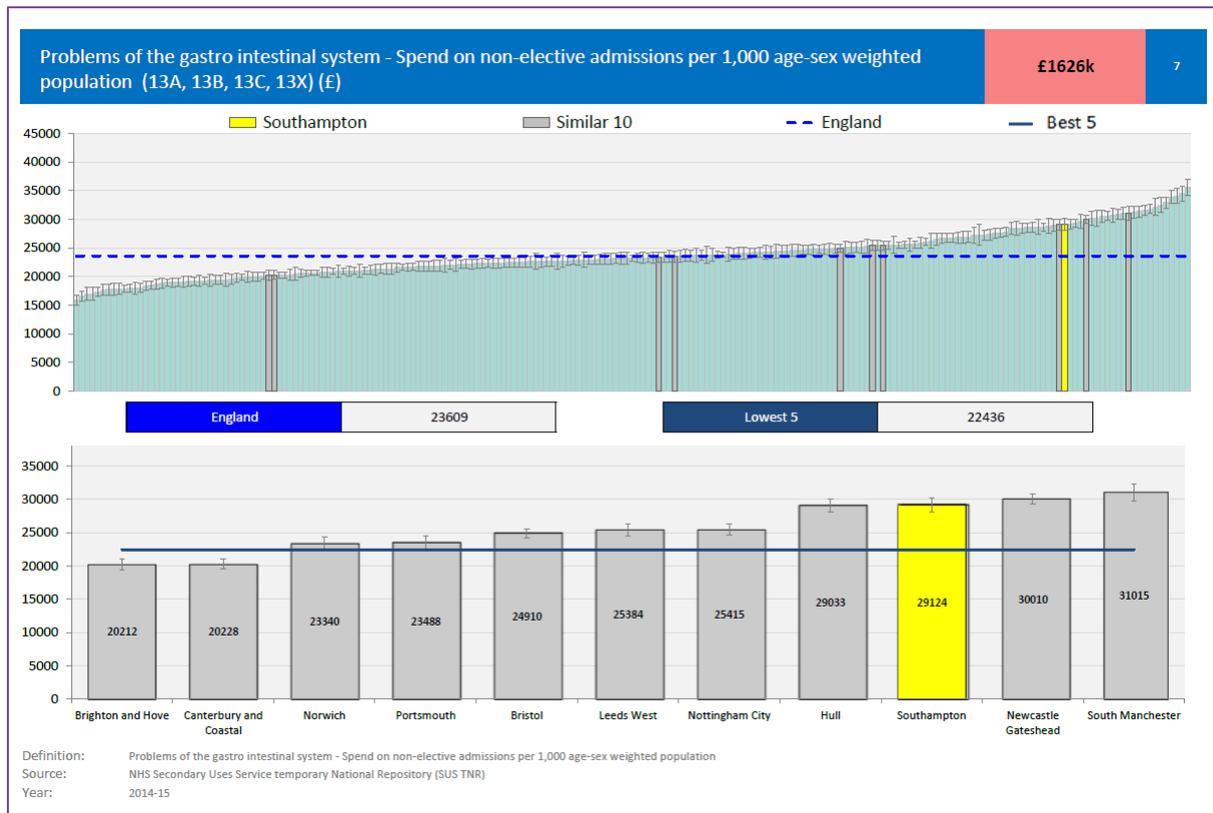
The CCG held an Away Day where the chief financial officer and Clare delivered a presentation on NHS RightCare, to share some of the benchmarking headlines and describe the two areas the CCG had agreed to prioritise. This enabled them to engage the entire CCG and to get everyone talking about NHS RightCare.

To ensure the city's GPs were engaged, Clare used the CCG's weekly email newsletter to GPs to include a message about NHS RightCare and asked them for feedback on any issues with regards to the two selected programmes of gastro-intestinal and neurological. This was helpful in making GPs aware of NHS RightCare, and also in finding out their 'real life' experiences of issues and suggestions for improvement.

## **Phase 2: Deep dive analysis – investigate local data aligned to the NHS RightCare benchmarking headlines**

The CCG decided to investigate the gastro-intestinal programme first. Clare worked with the Commissioning Support Unit (CSU) senior information analyst to carry out a deep dive analysis into the CCG's local data, to provide the next layer of information from the indicative NHS RightCare data. The NHS RightCare gastro-intestinal focus pack had identified that the key opportunities for financial savings on gastro-intestinal were in non-elective admissions, where Southampton City CCG spends £1.6m more than similar CCGs (figure 4). The deep dive analysis looked at local data to explore what might be some of the reasons for Southampton being an outlier (figure 5).

**Figure 4 Gastro-intestinal non-elective admissions benchmarking data**



*“If we hadn’t had the RightCare Gastro-intestinal focus pack, we would never have known which problem areas to focus on in the pathway.”*

*Clare Young, Planning and PMO manager, Southampton CCG*

**Figure 5 Deep dive analysis of gastro-intestinal non-elective admissions**

**The deep dive analysis looked to answer the following questions:**

- How many non-elective admissions do we have and what’s the cost? Are these increasing?
- What is the average length of stay – are they mostly short stay which could have been avoided?
- What emergency procedures and diagnostics (if any) did patients have?
- Is there a particular age group and gender being admitted?
- What are the top presenting emergency conditions?
- Are A&E admitting patients unnecessarily, e.g. to avoid a 4 hour breach?

The output from this analysis was a comprehensive deep dive data pack, complementing the indicative high level NHS RightCare benchmarking.

### **Phase 3: Task and Finish Group – detect current problems in the pathway and identify improvement opportunities**

A task and finish group was rapidly set up to review the deep dive data pack and discuss what the main issues and root causes were that could be driving high non-elective admissions.

#### **The task and finish group core team**

- Commissioning manager to lead the programme
- Planning and PMO manager (RightCare lead)
- GP Clinical lead
- Finance
- NHS RightCare delivery partner
- Prescribing
- CSU senior information analyst
- Quality

The task and finish group regularly met over a three month period where they detected issues in the existing gastro-intestinal pathway and identified potential improvements.

#### **Secondary care clinical engagement**

One of the next steps agreed by the task and finish group was for the GP clinical lead and commissioning manager to meet with consultant gastro-enterologists and ED consultants at University Hospital Southampton to gain insight into the current pathway issues and seek collective agreement for the proposed pathway improvements. Contact was also made with clinicians at the best-performing CCGs in Southampton's comparator group to identify what they do differently to Southampton.

### **Phase 4: Delivery – planning for implementation**

The output of the task and finish group was a set of recommendations for key actions to improve the gastro-intestinal pathway and reduce non-elective admissions. The recommendations were presented for approval at the CCG senior business management team who are overseeing the NHS RightCare programme in Southampton. The task and finish group also took the set of recommendations to the CCG's clinical executive group for clinical review and approval.

The CCG senior business management team asked the task and finish group to produce a final detailed delivery plan of the main actions with timescales and expected outcomes, which has now been incorporated into the CCG's QIPP (Quality, Innovation, Productivity and Prevention) programme.

## What improvements are we planning?

Main Problem Areas	What improvements are we planning?
 <b>Abdominal Pain NEL Admissions</b>	<ul style="list-style-type: none"> <li>✓ Improved primary care enablers – DXS algorithm for management of acute abdominal pain in primary care and a GP Tutorial</li> <li>✓ Hotline in University Hospital Southampton's Acute Surgical Unit (ASU) for GPs to call for urgent advice</li> <li>✓ Improved A&amp;E pathway – quicker access for A&amp;E clinicians to general surgical opinion</li> </ul>
 <b>Endoscopies</b>	<ul style="list-style-type: none"> <li>✓ Strengthen endoscopy referral form &amp; criteria</li> <li>✓ Increase GP direct access to faecal calprotectin test</li> <li>✓ Target high-referring GP practices</li> </ul>
 <b>Elective Secondary Care Activity</b>	<ul style="list-style-type: none"> <li>✓ Implement dietitian-led community pathway for IBS and coeliac disease</li> </ul>

### Top 10 tips from Clare about adopting the RightCare approach

- Gain early executive and clinical buy-in to drive the NHS RightCare agenda in your CCG
- Assign a dedicated CCG NHS RightCare lead
- Assign a dedicated CCG clinical lead
- Contact your best performing similar CCGs – what do they do differently to you?
- Carry out your own local deep dive data analysis aligned to the benchmarking – use your CSU analysts
- Set up a task and finish group of key subject matter experts and meet regularly
- Meet and collaborate with secondary care clinicians
- Attend best practice/network events and review best practice publications
- Utilise the support of your NHS RightCare delivery partner
- Use the NHS RightCare Focus Packs – they are an invaluable resource

## Links with patient-level costing (PLICS)

NHS RightCare data provides health economies with a wealth of information at the population level about variation in access, quality, cost and outcomes. Understanding the variation in more depth requires analysis of local data, as well as engaging with clinicians and patients.

The majority of acute trusts have implemented patient-level costing, where their costs of care reflect the actual resources consumed by individual patients. NHS Improvement's Costing transformation programme means that in the next few years all sectors will be implementing patient-level costing.

PLICS is not solely about cost information. It brings together information about the resources consumed by individual patients on a daily basis and combines this with the cost of this resource. This type of blended financial information is new for many organisations and is incredibly powerful. Figure 6 shows a sample patient bill.

**Figure 6 Sample patient bill**

MRN	Age: 60	Sex: F	POD: EL	Specialty: ORTHOPAEDICS	Total episode LOS	Days past FCE trim	
Prim Diag: S831	DISLOCATION OF KNEE				6	0	
Prim Proc: W401	PRIMARY TOTAL PROSTHETIC REPLACEMENT OF KNEE JOINT USING CEMENT						
HRG: HB21C - MAJOR KNEE PROCEDURES FOR NON-TRAUMA CATEGORY 2 WITHOUT CC							
Resource	Description	Date	Quantity	Unit	Cost (£)	Income (£)	Net cost (£)
Diagnoses	F171: Mental and behavioural disorders due to use of tobacco: Harmful use	12/01/2016					
Diagnoses	I10X: Essential (primary) hypertension	12/01/2016					
Diagnoses	I252: Old myocardial infarction	12/01/2016					
Diagnoses	M139: Arthritis, unspecified	12/01/2016					
Diagnoses	M159: Polyarthrosis, unspecified	12/01/2016					
Diagnoses	Z922: Personal history of long-term (current) use of other medicaments	12/01/2016					
Diagnoses	Z958: Presence of other cardiac and vascular implants and grafts	12/01/2016					
Procedures	W401 Primary total prosthetic replacement of knee joint using cement	12/01/2016					
Medical Staff (Ward rounds & Junior Doctors)		12/01/2016			38	0	
Ward	Admissions Lounge	12/01/2016	0.38	Days	199	0	
Theatres - Anaesthetics	Theatre 1	12/01/2016	120.00	Mins	672	0	
Theatres - Downtime	Theatre 1	12/01/2016	32.33	Mins	232	0	
Theatres - General	Theatre 1	12/01/2016	63.00	Mins	471	0	
Theatres - Surgeon	Theatre 1	12/01/2016	62.00	Mins	500	0	
Implants		12/01/2016				1,618	0
Radiology	X-ray Right Knee	12/01/2016	1.00	Scan	35	0	
Ward	Ward 2	12/01/2016	0.33	Days	69	0	
Medical Staff (Ward rounds & Junior Doctors)		13/01/2016			38	0	
Pathology	P202: Urea & Electrolytes	13/01/2016	1.00	Test	4	0	
Pathology	P103: Full Blood Count	13/01/2016	1.00	Test	6	0	
Ward	Ward 2	13/01/2016	1.00	Days	206	0	
Medical Staff (Ward rounds & Junior Doctors)		14/01/2016			38	0	
Ward	Ward 2	14/01/2016	1.00	Days	206	0	
Medical Staff (Ward rounds & Junior Doctors)		15/01/2016			38	0	
Ward	Ward 2	15/01/2016	1.00	Days	206	0	
Pharmacy	D1000: CANDESARTAN 2mg TABLETS	16/01/2016			1	0	
Ward	Ward 2	16/01/2016	0.78	Days	162	0	
Pharmacy	D0014: DIHYDROCODEINE 30mg TABLETS	17/01/2016			1	0	
Pharmacy	D1235: DOCUSATE SODIUM 100mg CAPSULES	17/01/2016			3	0	
Pharmacy	D0078: TINZAPARIN SHARPS KIT	17/01/2016			1	0	
Pharmacy	D8890: SENNA 7.5mg TABLETS	17/01/2016			1	0	
Pharmacy	D0023: TINZAPARIN 4,500units/0.45mL SYRINGE	17/01/2016			14	0	
Episode Related Costs (Medical Records, Clinical Coding, etc.)		12/01/2016			56	0	
Specialty Related Costs (Directorate Management & Admin)		17/01/2016			298	0	
Clinical Negligence Scheme		17/01/2016			16	0	
Contract Income	HB21C: Major Knee Procedures for non Trauma Category 2 without CC	17/01/2016			0	5,846	
<b>Total</b>					<b>5,129</b>	<b>5,846</b>	<b>-717</b>

PLICS allows organisations to identify variation against standardised bundles or pathways of care, between clinical teams, or between different groups of patients. When PLICS is analysed alongside other performance and quality information it becomes even more powerful in understanding the delivery and performance of services.

*“I’ve had a quick skim of NHS Improvement’s case for change document<sup>5</sup> and the screen shot of the sample anonymised patient bill and the data is so much richer than what we can currently access in the CCG. The CCG is charged a tariff per patient and we can see anonymised patient data in terms of what their primary diagnosis was and what major procedures/diagnostics they had but our data doesn’t go into anywhere near as much detail as the PLICS so you can’t ascertain the full picture of what happened to that patient and the detailed breakdown of their cost. We also can’t see what the hospital prescribed for an individual patient, so this would also be immensely helpful.”*  
*Clare Young, Planning and PMO manager, Southampton CCG*

## **Where to find out more about NHS RightCare**

NHS RightCare’s website provides lots of information about their approach, as well as a number of data packs and the Atlases of Variation.

[www.england.nhs.uk/rightcare](http://www.england.nhs.uk/rightcare)

## **Acknowledgments**

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<sup>5</sup> <https://improvement.nhs.uk/resources/plics-case-change/>



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