

# PRIORITISING HEALTH OUTCOMES USING THE RESOURCES AVAILABLE

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Senior Programme Manager, Finance Innovation Forum



# EVO

Engagement Value Outcome



## EVO COLLABORATORS



**The Leeds Teaching Hospitals**  
NHS Trust



**QSIR**  
(Quality, service improvement and Redesign)



**Nottingham University Hospitals**  
NHS Trust

**Royal Free London**  
NHS Foundation Trust



FUTURE  
FOCUSED  
FINANCE

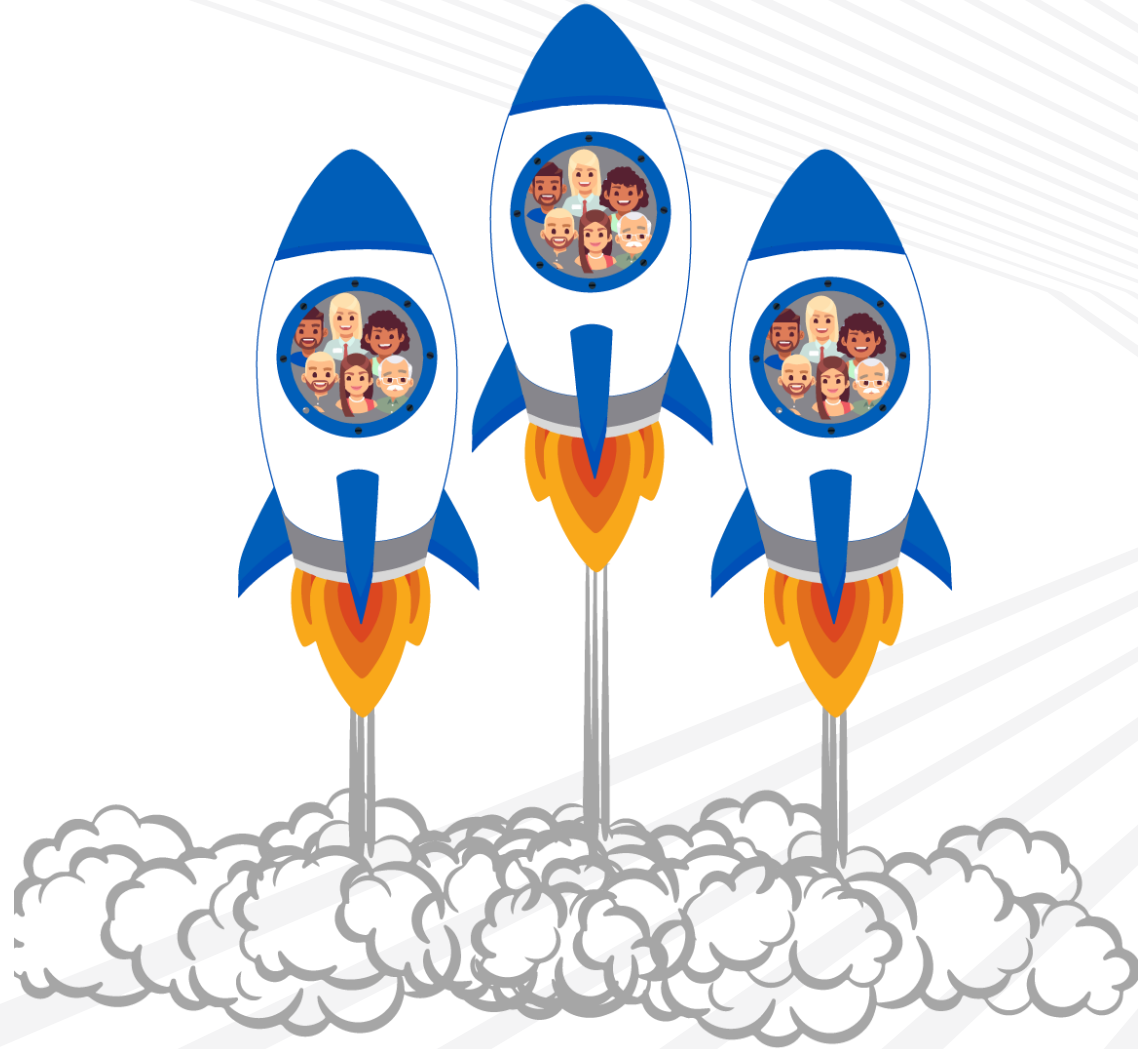
FINANCE  
INNOVATION  
FORUM



ONE NHS  
FINANCE

FUTURE  
FOCUSED  
FINANCE

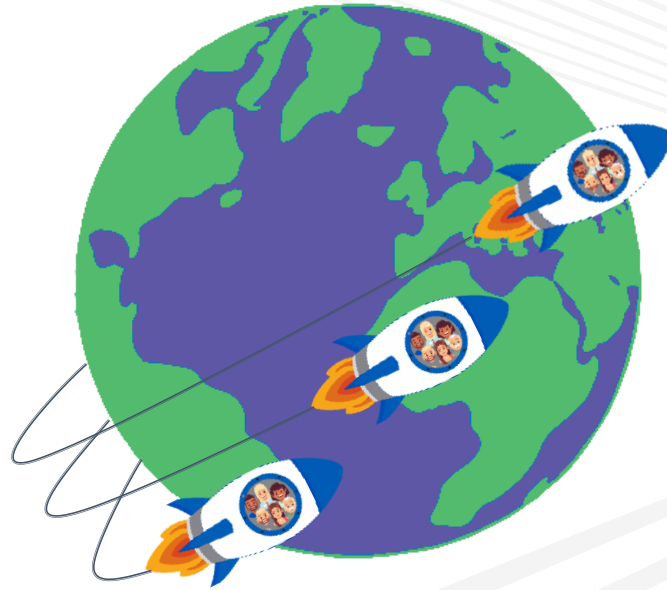
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INNOVATION  
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ONE NHS  
FINANCE

FUTURE  
FOCUSED  
FINANCE

FINANCE  
INNOVATION  
FORUM



ONE NHS  
FINANCE

# WHO TAKES PART?



Disciplines



Finance



Clinical



Project

Champions



**Finance Champion**  
Chief Financial Officer  
/Director of Finance



**Clinical Champion**  
Medical/Clinical  
Director



**Project Champion**  
Transformation /Improvement  
Director



Flight Crew

Leads



**Finance Lead**  
Head of Costing /Senior  
Costing accountant



**Clinical Lead(s)**  
Head of Specialty  
/Service  
/Lead consultant



**Delivery Lead**  
PMO Manager/  
Transformation Manager



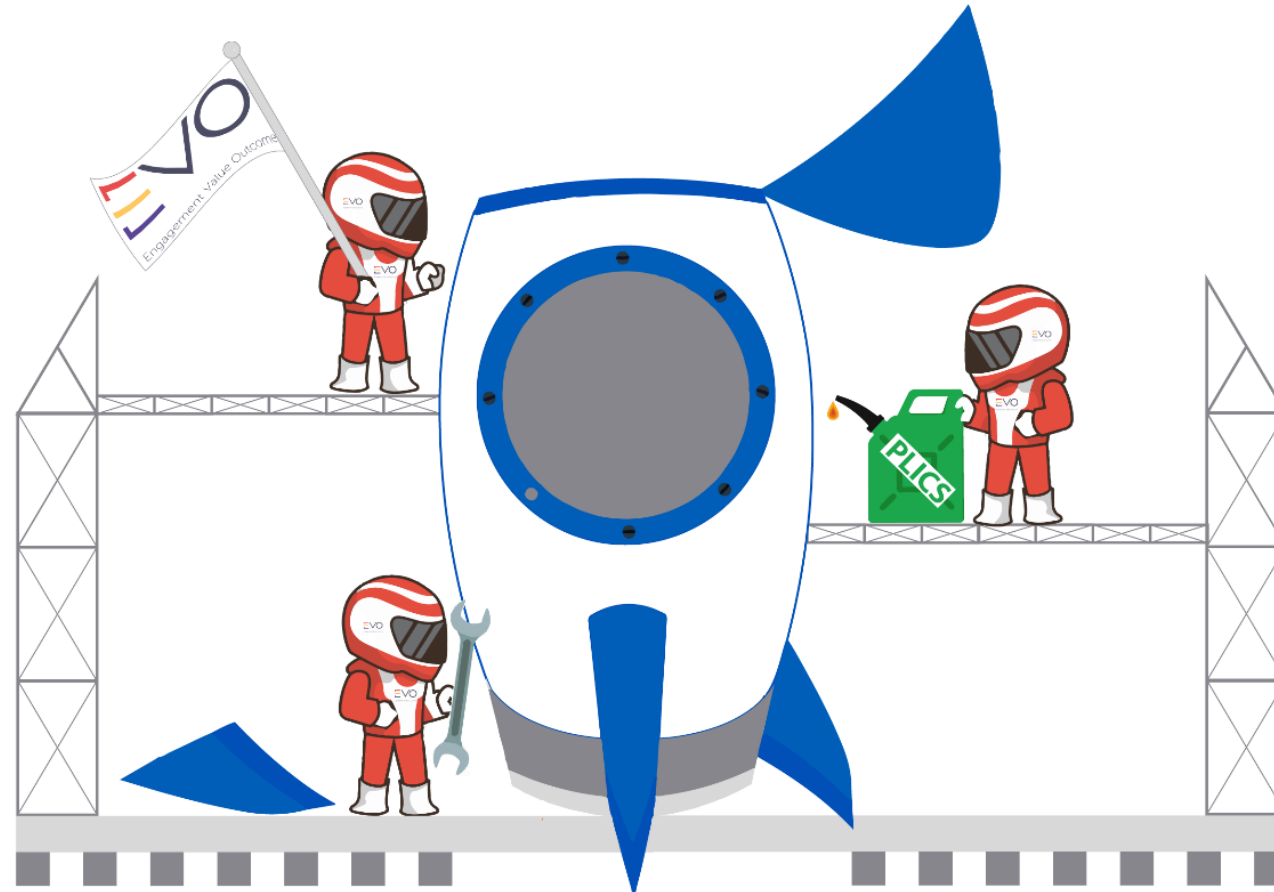
**Improvement Lead**  
Service improvement  
manager / QI manager

Participants



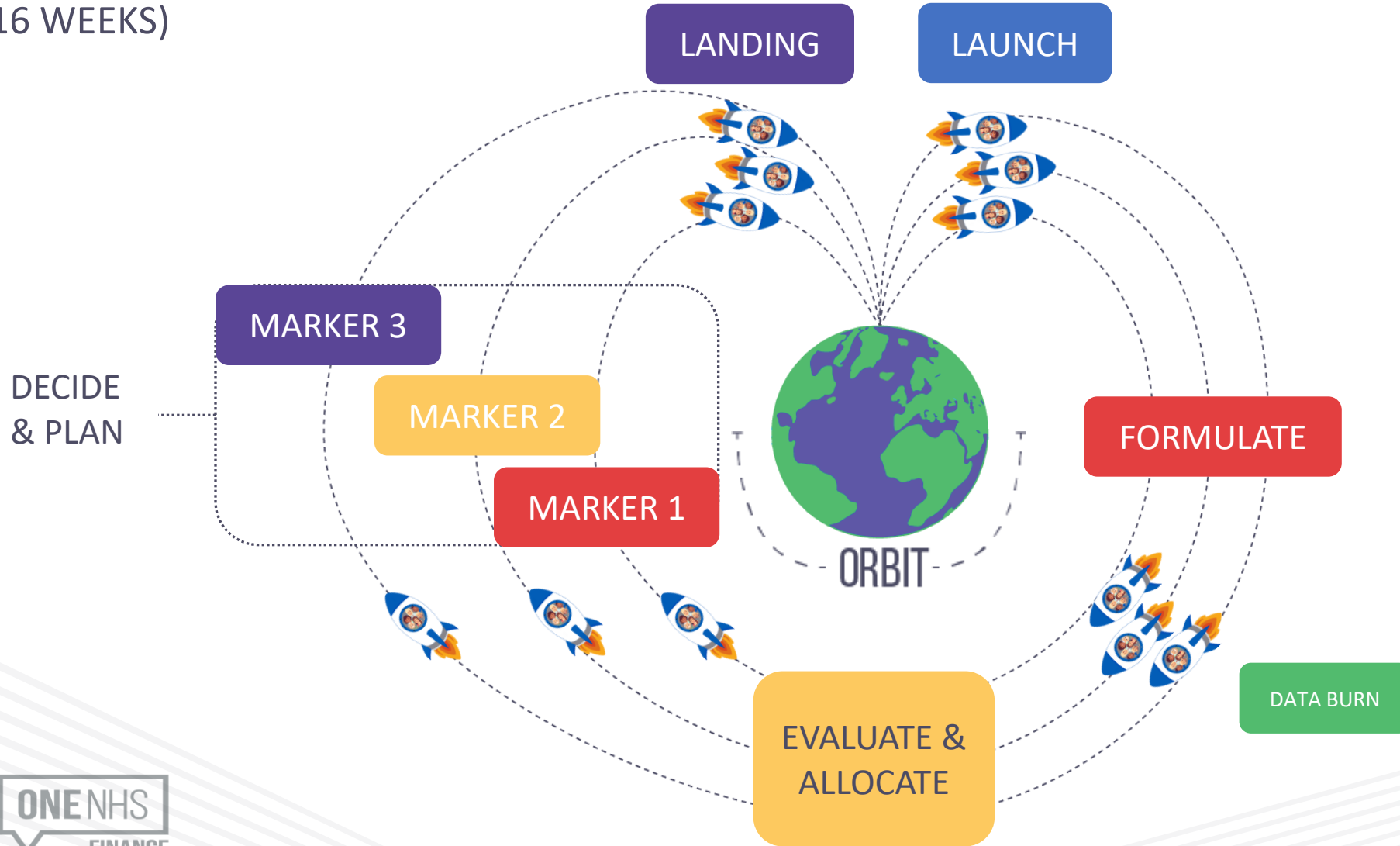
- Specialty/ service nurse
- Specialty/ service finance business partner
- Informatics Representative

# LAUNCH PREPARATION (UP TO 4 WEEKS)

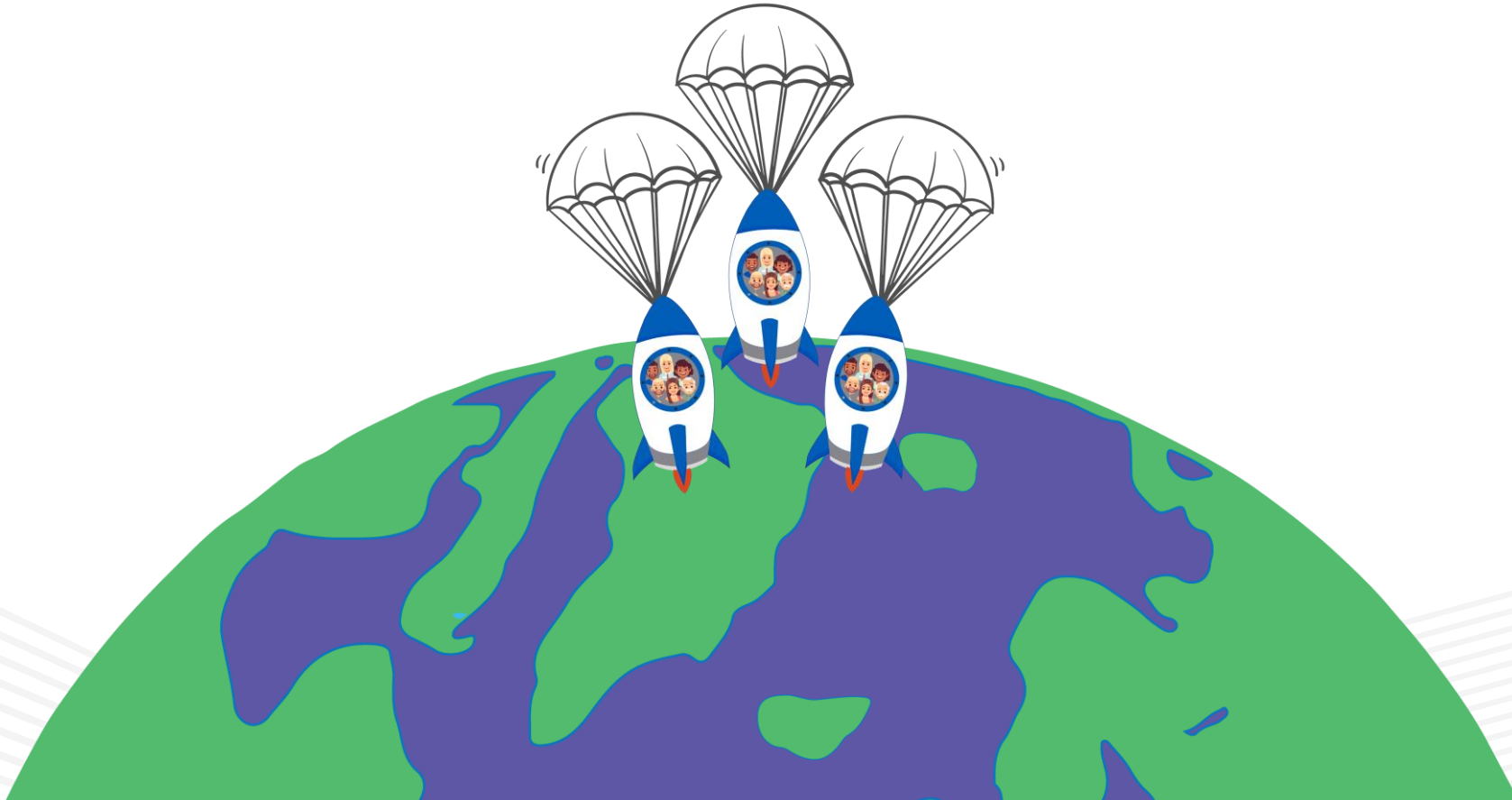




# EVO JOURNEY (16 WEEKS)



# THE LANDING



# THE TRANSFORMATION

(4 weeks minimum)



# MEASURING IMPROVEMENT



$$\text{Value} = \frac{\text{Quality}}{\text{Resources}}$$

The equation is visually represented with the following components:

- Quality** (yellow text) is positioned above a yellow rounded rectangle containing three columns: 'Clinical outcomes', 'Patient experience', and 'Patient safety'.
- Resources** (red text) is positioned below a horizontal line, which is above a red rounded rectangle containing two columns: 'Revenue costs' and 'Capital costs'.
- The word **Value** is in purple, and the equals sign is in black.

# VALUE MEASURES TOOL

DECISION		The patch needs to decide how to configure maternity care services that offer best possible value to service users and taxpayers, now and for the future	
VALUE COMPONENTS		VALUE CRITERIA	VALUE METRICS
OUTCOMES	CARE OUTCOMES	<ul style="list-style-type: none"> <li>Quality of pre, during and post child delivery care</li> <li>Outcome of interventions</li> <li>Recovery</li> </ul>	<ul style="list-style-type: none"> <li>Volume of at-risk births (e.g., premature, low weight, medical condition)</li> <li>Perinatal mortality and still birth rate</li> <li>Volume of births by birth type (e.g., natural, c-section, episiotomy, induced)</li> <li>Medical complication rate (e.g., postpartum haemorrhage)</li> <li>% of complications successfully treated</li> <li>Days to discharge post-c-section / premature birth</li> </ul>
	USER EXPERIENCE	<ul style="list-style-type: none"> <li>Accessibility to care facility</li> <li>Accessibility to people within care facility</li> <li>Comfort of environment</li> <li>Quality of interactions</li> <li>Patient choice</li> </ul>	<ul style="list-style-type: none"> <li>Average and maximum travel time to maternity ward within catchment area</li> <li>Ratio of midwives and obstetricians to patients</li> <li>Availability of alternative birthing facilities e.g., home birth support</li> <li>% of patients able to choose where to have their baby</li> <li>% of patients provided with advice on post-birth baby care</li> </ul>
	SAFETY / QUALITY	<ul style="list-style-type: none"> <li>Avoidance of harm to patient</li> <li>Safe environment that supports delivery of care</li> <li>Adequate resourcing</li> </ul>	<ul style="list-style-type: none"> <li>Rate of avoidable mortality</li> <li>Rate of avoidable harm done to patient e.g., infection rate</li> <li>% adherence to best practice estate maintenance protocols</li> <li>% of time staffed according to best practice minimum staffing levels</li> <li>Staff experience (measured as number of patients per staff per year)</li> </ul>
RESOURCES	REVENUE COSTS	<ul style="list-style-type: none"> <li>Clinician salary</li> <li>Admin staff salary</li> <li>System running costs</li> </ul>	<ul style="list-style-type: none"> <li>'Stranded costs' i.e., costs of unmet overhead as result of disinvestment</li> <li>Staff relocation and training costs</li> <li>Co-dependency expansion costs (e.g., gynaecology consultant salaries)</li> <li>Operating cost per birth</li> </ul>
	CAPITAL COSTS	<ul style="list-style-type: none"> <li>Investment in facilities / equipment</li> </ul>	<ul style="list-style-type: none"> <li>Upfront investment for facility expansion</li> <li>Co-dependency expansion costs (e.g., additional facilities)</li> </ul>

# VALUE OPTIONS COMPARISON TOOL

	VALUE METRICS	WEIGHT	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
OUTCOMES	Fall in stillborn rates	25%	4	4	2	2	2
	Fall in brain injuries rate	25%	4	5	2	3	3
	Increase in breastfeeding	10%	3	3	1	2	1
EXPERIENCE	Improved service access	5%	4	4	3	3	2
	Improved care experience	5%	4	4	2	3	3
	Reduced harm	10%	3	5	3	2	1
RESOURCES	Cost reasonability	10%	4	3	3	5	2
	Sustainability	10%	3	3	2	3	1
<b>VALUE</b>		<b>100%</b>	<b>3.7</b>	<b>4.1</b>	<b>2.2</b>	<b>2.8</b>	<b>2.0</b>

RISK	Quality of evidence	50%	4	5	3	2	1
	Capacity to deliver change	50%	3	4	4	3	2
<b>RISK</b>		<b>100%</b>	<b>3.5</b>	<b>4.5</b>	<b>3.5</b>	<b>2.5</b>	<b>1.5</b>

STRATEGIC FACTORS	System strategy alignment	50%	3	4	3	1	1
	Time to savings realisation	50%	2	3	3	1	3
<b>STRATEGIC FACTORS</b>		<b>100%</b>	<b>2.5</b>	<b>3.5</b>	<b>3.0</b>	<b>1.0</b>	<b>2.0</b>

<b>SCORE</b>	32.4	63.8	22.6	6.9	6.0
<b>RANK</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>5</b>



**VALUE PRIORITIES GRAPH**



## QUALITY ASSESSMENT

			PROJECTED PATHWAY	TRANSFORMED PATHWAY	ORIGINAL PATHWAY	QUALITY ASPIRATION
	METRIC DESCRIPTION	WEIGHTING	SCORE	SCORE	SCORE	SCORE
OUTCOMES	Fall in stillborn rate	25%	4	5	2	5
	Fall in brain injuries rate	25%	5	5	3	5
	Increase in breastfeeding	10%	3	4	4	5
EXPERIENCE	Improved service access	5%	4	4	3	5
	Improved care experience	5%	4	2	2	3
SAFETY	Reduced harm	10%	5	5	2	4
	<b>Total (%)</b>	<b>80%</b>				

# VALUE IMPACT COMPARISON TOOL

QUALITY COMPARISON	METRIC DESCRIPTION	WEIGHTING	ORIGINAL PATHWAY	TRANSFORMED PATHWAY	QUALITY ASPIRATION
			SCORE	SCORE	SCORE
OUTCOMES	Fall in stillborn	25%	2	5	5
	Fall in brain	25%	3	5	5
	Increase in	10%	4	4	5
EXPERIENCE	Improved service	5%	3	4	5
	Improved care	5%	2	2	3
SAFETY	Reduced harm	10%	2	5	5
<b>Total (%)</b>		<b>80%</b>			
QUALITY SCORE	<b>80% Weighted (AVG%)</b>		<b>42.0</b>	<b>74.0</b>	<b>78.0</b>
RESOURCE SCORE	<b>Percentage cost variance (£% +/-)</b>		<b>[£0%]</b>	<b>£15%</b>	
	<b>20% Weighted (%)</b>		<b>0.0</b>	<b>3.0</b>	
COMBINED SCORE	<b>Quality + Resource (%)</b>		<b>42.0</b>	<b>77.0</b>	<b>81.0</b>
VALUE IMPACT COMPARISON SCORE	<b>VIC Score (%)</b>		<b>+35%</b>		<b>+4%</b>
			<b>IMPROVEMENT</b>		<b>QUALITY ASPIRATION</b>



## EXPECTED OUTCOMES

- Value is normalised at an operational level as the language for clinical and financial improvement
- Better understanding and agreement that patient-level information is essential for evidencing improvement and the effectiveness of clinical transformation
- Greater multidisciplinary understanding of how risk and strategy can be assessed when making decisions about tackling opportunities of unwarranted variation
- Transparent decisions are made that instruct measurable transformational change using new concepts including PDSA+ and the Value Impact Comparison (VIC) Score
- Engaged, empowered and motivated multidisciplinary teams working together in the use of financial data to improve the efficiency and quality of their service/specialty

I'm an  
  
Ambassador



# BACKGROUND



# EVO Pilot

Engagement Value Outcome



# (2019)



# CASE STUDIES

**NHS**  
Gloucestershire Health and Care  
NHS Foundation Trust



**NHS**  
Great Western Hospitals  
NHS Foundation Trust



**EVO  
BRONZE  
SITES**



**NHS**  
North Staffordshire  
Combined Healthcare  
NHS Trust



**NHS**  
University Hospitals  
Birmingham  
NHS Foundation Trust



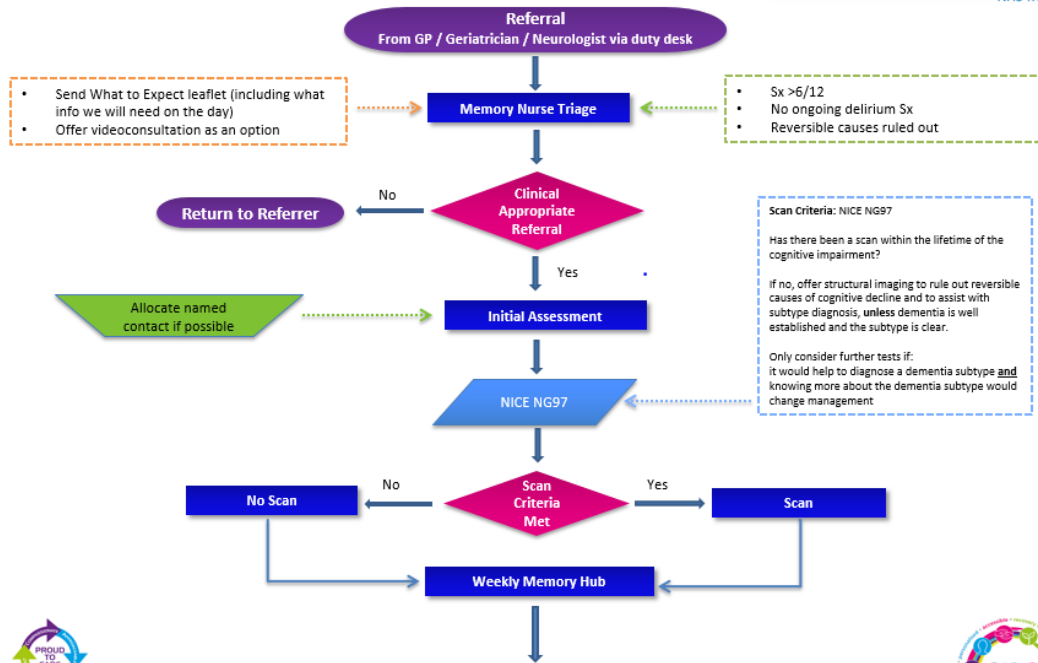
# The problem

- Conveyor belt - consistent but inflexible
- All patients sent for a CT head scan
- Pinch point waiting for a Dr appointment
- Patients not attending appointments
- Lots of ideas but hunches and best guesses but didn't know where to begin

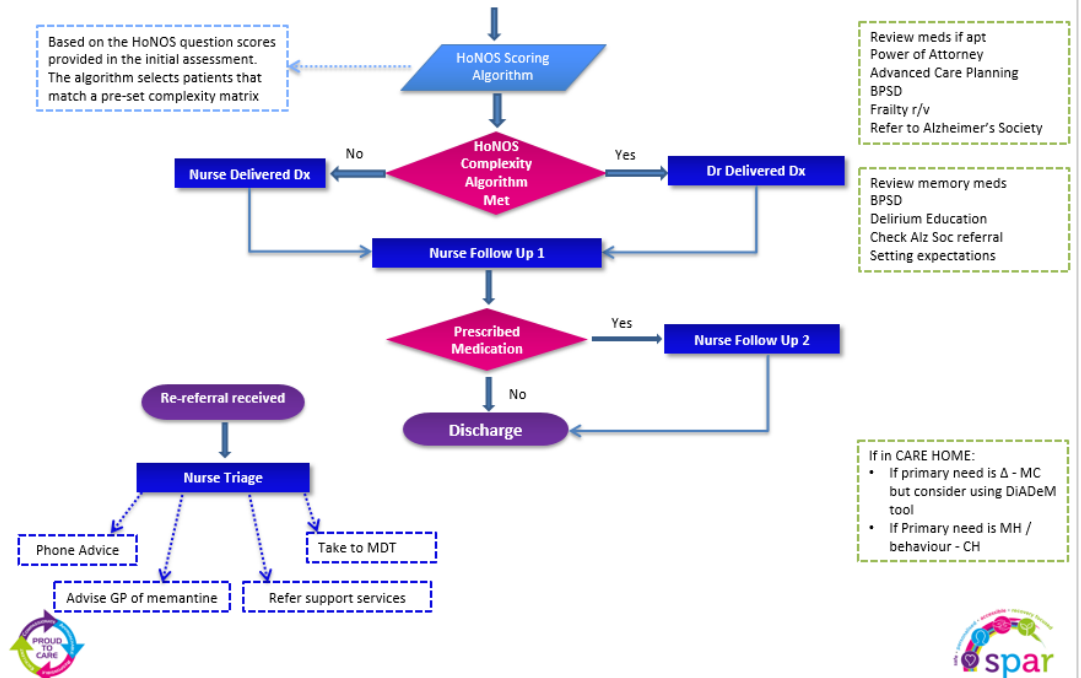


# The pathway

## Memory Assessment Service Pathway 1 of 2



## Memory Assessment Service Pathway 2 of 2





# The outcomes



- The mean wait time from referral to diagnostic appointment dropped from 155 to 72 days
- A dramatic reduction in hospital cancelled appointments and patient cancelled appointments
- Significant reduction in 'did not attend' appointments
- Consultant led contacts saw a 53% reduction
- Completely changed we deliver memory services. Conveyor to hub and spoke
- No extra funding. No extra staff
- During pandemic
- Built around the patient but knock on benefits for staff



# The comparison

## Cost of patient session (April – November)

- **before** changes unit price £280.93 / **after** changes Unit price £205.12
- Unit price reduction **£75.81**

## Unattended appointments

- **44% decrease in DNAs** was realised under the new pathway
- Potential impact of DNA's using unit price for (April – November) period:
- **before** changes £160,692 / **after** changes £77,740
- Potential cost opportunity **£82,952**

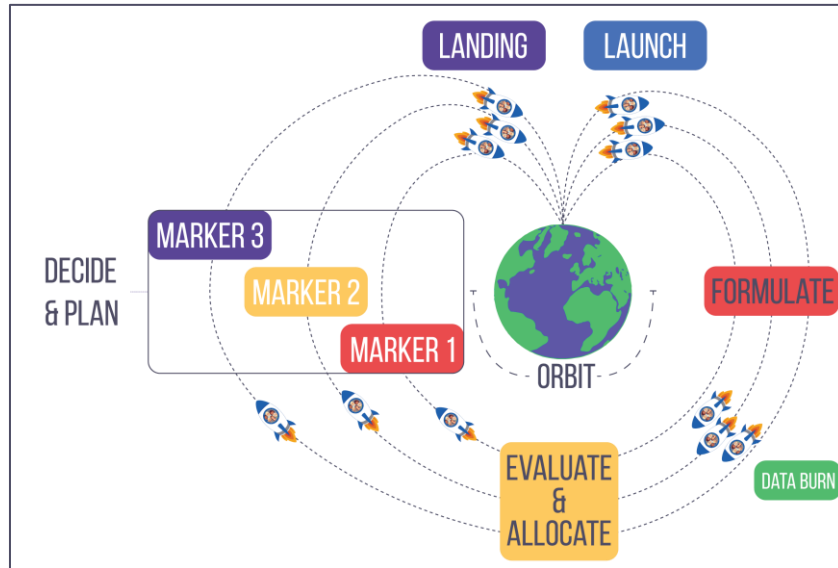
## Radiology appointments (April – November)

- **30% reduction in radiology tests**
- **before** changes 338 scans / **after** changes 237 scans

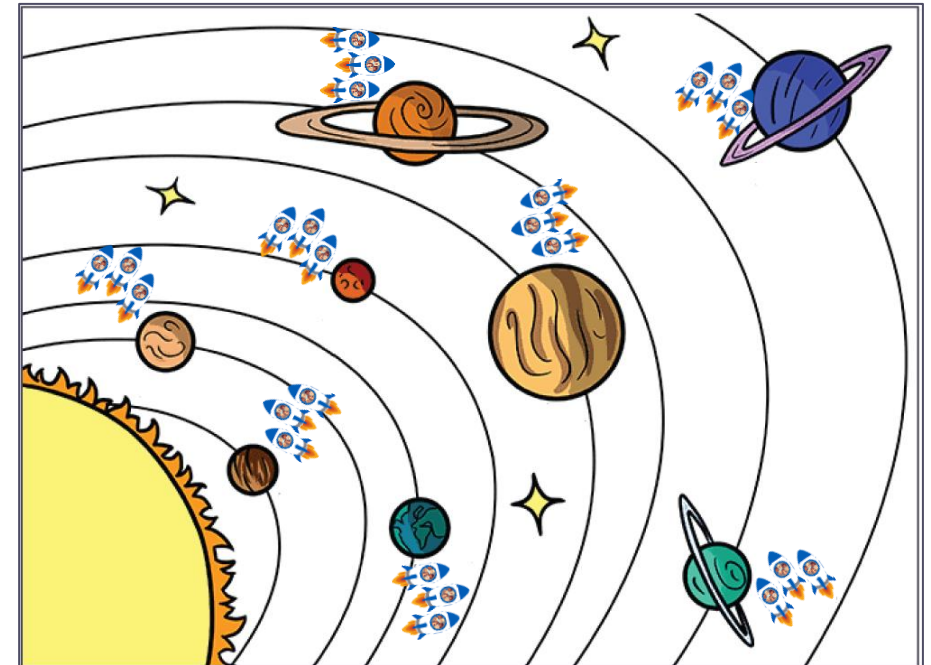


# BEYOND

## ORGANISATION



## SYSTEM





I  
WANT



Engagement Value Outcome

