GOVERNING BODY MEETING in Public
28 June 2017
Agenda Item 5.4

Report Title: Eastern Cheshire CCG RightCare Programme

Report Author
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16 June 2017

Purpose of report
To provide the Governing Body with an update on progress in delivering our programme of work to investigate those areas within national RightCare data where the CCG is shown to significantly differ from our peers in terms of either expenditure or health outcomes. Having analysed the improvement opportunities, a number of improvement actions have been identified.

Reason for consideration by Governing Body
In order for the CCG to meet our agreed financial plan, delivery of a significant QIPP is required. Failure to deliver the values identified in our QIPP programme would mean the CCG was unable to meet financial plan that was agreed with NHS England.

Outcome
Required: Approve

Recommendation(s)
The Governing Body is asked to Note for information
- The progress in implementation of our 2017-18 RightCare Programme, including:
  - Delivery against the programme milestones remains on track against both local plans and nationally defined NHS England expectations of CCGs.
  - Some risk remains as to whether the financial savings, and health outcome improvements, will be realised sufficiently quickly to address our current financial challenge sufficiently.

Benefits / value to our population / communities
RightCare is designed to identify areas where the CCG varies from our Peer CCGs in terms of either/or the health outcomes being achieved for our population or the amount we are spending on that care. Using an established and nationally proven methodology provides greater confidence in the deliverability of improvements.

Key Implications of this report – please indicate ✓
### Agenda Item 5.4

| Strategic | Consultation & Engagement |
| Financial | Resources (other than finance) |
| Procurement | Decommissioning |
| Equality | Quality & Patient Experience |
| Safeguarding | Governance & Assurance |
| Legal / Regulatory | Staff / Workforce |
| Other – please state | |

#### Governing Body Assurance Framework Risk Mitigation:
- GBAF 280 – 2017/18 QIPP Programme (Financial Recovery)
- GBAF 282 - 2017/18 Financial Deficit

#### Report/Paper Reviewed by *(Committee/Team/Director)*
- Neil Evans – Turnaround Director
Update on progress in implementing QIPP plans in 2017-18

1. **Executive Summary**
   1.1 Right Care is a national programme mandated by NHS England in order for CCGs to address variation in clinical outcomes and value for money. NHS Eastern Cheshire CCG has identified Right Care as one of our key programmes in support of delivering our stretching financial recovery (QIPP) plan.

   1.2 Using both the nationally produced information, and undertook local analysis clinical teams have reviewed information to develop improvement programmes. The CCG identified four clinical areas and two of these areas now have clinical improvements identified; using the RightCare methodology.

   1.3 The key risks to delivery of the projected financial savings is the resource, project management and provider, needed to develop and implement improvements and then the subsequent time from implementation of schemes to the realisation of some of the benefits identified.

2. **Recommendation:**
   The Governing Body is asked to note for information
   - The progress in implementation of our 2017-18 Right Care Programme, including:
   - Delivery against the programme milestones remains on track against both local plans and nationally defined expectations of CCGs
   - Some risk remains as to whether the financial savings, and health outcome improvements, will be realised sufficiently quickly to address our current financial challenge sufficiently

3. **Peer Group Area / Town Area Affected**
   All CCG peer groups are affected although as part of the programme variation in activity or clinical practice may be identified across different GP practices or providers of secondary care services.

4. **Population affected**
   All CCG populations are affected

5. **Context**
   5.1 NHS RightCare is a programme mandated by NHS England, as part of the NHS Forward View, RightCare aims to improve population-based healthcare, through focusing on the value being achieved from investment and reducing unwarranted variation.

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1 https://www.england.nhs.uk/rightcare/
5.2 RightCare compares our CCG to the ten most demographically similar CCGs:
- NHS North Somerset CCG
- NHS South Lincolnshire CCG
- NHS Wyre Forest CCG
- NHS South Eastern Hampshire
- NHS East Leicestershire and Rutland CCG
- NHS South Warwickshire CCG
- NHS South Worcestershire CCG
- NHS Stafford and Surrounds CCG
- NHS North Derbyshire CCG
- NHS South Cheshire CCG

6. Finance
6.1 RightCare indicates that the opportunity saving within Eastern Cheshire ranges between £1.2 and £5.2m. This range is based on mean performance against our 10 peer CCGs compared to mean performance of the top 5 of these peer CCGs.

6.2 The savings identified in the CCG QIPP plan for 2017-18 were £850k; in recognition that many of the savings opportunities had a time lag in terms of both implementing changes and realising financial savings e.g. improved identification and management of Atrial Fibrillation will have a longer term impact on the number of strokes occurring. In addition the cross-over of RightCare with other programmes of work e.g. Medicines Management formulary savings creates a risk of “double counting”.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Elective Admissions (£000)</th>
<th>Non Elective Admission (£000)</th>
<th>Primary Care Prescribing (£000)</th>
<th>Grand Total (£000)</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Comparison</td>
<td>Top 10</td>
<td>Top 5</td>
<td>Top 10</td>
<td>Top 5</td>
<td>Top 10</td>
</tr>
<tr>
<td>Cancer</td>
<td>£0</td>
<td>£0</td>
<td>£76</td>
<td>£219</td>
<td>£76</td>
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<tr>
<td>Endocrine, nutritional and metabolic</td>
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<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
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<tr>
<td>Mental Health</td>
<td>£0</td>
<td>£0</td>
<td>£18</td>
<td>£177</td>
<td>£18</td>
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<tr>
<td>Neurological</td>
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<td>£0</td>
<td>£60</td>
<td>£440</td>
<td>£60</td>
</tr>
<tr>
<td>Circulation</td>
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<td>£411</td>
<td>£352</td>
<td>£1,061</td>
<td>£0</td>
</tr>
<tr>
<td>Respiratory</td>
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<td>£117</td>
<td>£215</td>
<td>£0</td>
<td>£0</td>
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<tr>
<td>Gastrointestinal</td>
<td>£281</td>
<td>£562</td>
<td>£0</td>
<td>£305</td>
<td>£323</td>
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<tr>
<td>Musculoskeletal</td>
<td>£0</td>
<td>£463</td>
<td>£106</td>
<td>£261</td>
<td>£106</td>
</tr>
<tr>
<td>Trauma and Injuries</td>
<td>£0</td>
<td>£284</td>
<td>£0</td>
<td>£602</td>
<td>£0</td>
</tr>
<tr>
<td>Genito Urinary</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£54</td>
<td>£54</td>
</tr>
</tbody>
</table>

| Total                             | £511                        | £1,837                        | £458                           | £2,139             | £196    | £1,206 | £1,165 | £5,182 |

7. Quality and Patient Experience
As part of the CCG PMO (Programme Management Office) processes, a Quality Impact Assessment Process was developed in 2016-17 and this remains in place. All schemes follow this established process to identify impact on quality of services and patient experience.

8. Consultation and Engagement (Public/Patient/Carer/Clinical/Staff)
8.1 The work has been led by Dr Mike Clark and active engagement/involvement of Clinical Leads from East Cheshire NHS Trust and Primary Care clinicians (Locality
and Clinical Leadership meetings) has helped to assess the variation in Eastern Cheshire and to complete assessment of improvement opportunities.

8.2 As implementation plans are developed wider public/service user involvement will be encouraged.

9. **Health Inequalities**
Our analysis of RightCare data helps to identify variance in clinical practice/outcomes and expenditure at both CCG and GP practice level. Reducing this variation is the core principle of RightCare.

10. **Equality**
CCG PMO processes ensure that health inequalities are assessed as part of the development of QIPP schemes and plans. The outputs of our logic model (implementation plans) will be taken to through the CCG Equality process, including a Quality and Diversity Delivery Group, to provide oversight of the CCG application of the policy and duties.

11. **Legal**
No specific risks to highlight.

12. **Communication**
As part of the project plan for each clinical area within our RightCare Programme a communication plan is developed.

13. **Background and Options**
A national process has been designed to provide a consistent approach to delivery of Right Care. This is structured into three phases:

- **Phase 1** - Where to Look
- **Phase 2** - What to Change
- **Phase 3** - How to Change

13.1 **Phase 1** of the RightCare approach begins with a review of the indicative data. This highlights the top priorities and best opportunities for transformation and improvement by comparison with Eastern Cheshire CCG’s most similar CCGs.

13.1.1 High level analysis of the NHS RightCare data for Eastern Cheshire was presented to the Finance Committee and Governing Body. The data was supplemented by local intelligence providing a comprehensive picture of the greatest opportunities for improvement.
13.1.2 Using a decision matrix the CCG Programme Team worked with our NHS England RightCare Partner to identify four priority programme areas:

- CVD (Cardiovascular) and Circulation*
- MSK (including Falls and Injury Prevention)*
- Neurological (including Epilepsy)*
- Gastrointestinal (including Alcohol and Scopes)

*Note that only the first three are included in the NHS England RightCare monitoring process*

13.1.3 In order to help ensure clinical input and effective outcomes, each programme area has its own ‘Clinical Working Group’ which includes cross system working, including a GP Lead and a Commissioner Lead.

13.2 **Phase 2** of the RightCare approach involves a more detailed review of specific clinical areas, care pathways and optimal design to identify potential options for improvement and testing viability.

13.2.1 Detailed data analysis took place for each clinical area reviewed and identified those specific areas where Eastern Cheshire differed from our Peer CCGs

13.2.2 Clinically-led review sessions have taken place for Cardiovascular and Circulation (May) and MSK (June). In July a session will take place to look at Neurological with the final session planned for October for Gastroenterology

13.2.3 Where available the aligned national “Getting it Right First Time” programme data has also been considered to maximise the effectiveness of the review sessions. This programme focuses on the care delivered in hospitals

13.2.4 The sessions identify optimal interventions to address identified issues as well as offering the opportunity to also identify alternative issues which have not been identified from the data analysis.

13.3 **Phase 3** of the RightCare approach involves taking forward the opportunities identified in the clinical workshops and then making them happen. This is achieved through outlining the case for change and making sure impact assessments and assumptions are explicit. This phase requires clinical leadership of the change and that programmes of work are planned, delivered and monitored using established improvement processes.

13.4 As part of the programme the CCG is required to use a nationally developed process to develop and deliver our plan, this comprises of:

13.4.1 Develop a narrative for each clinical work stream – text that outlines the approach that the CCG is undertaking, including detail on challenges, risks and opportunities in the implementation of the plan.
13.4.2 A logic model – a visual model of the theory of change.
13.4.3 A measurement framework - how outputs and outcomes will be measured and reported.
13.4.4 Financial trajectory – this shows the savings the CCGs intends to generate through the introduction of interventions.
13.4.5 Health gain trajectory – this indicates the health gain associated with the change programme.

13.5 For the two projects (CVD and MSK) which have had clinical workshops a number of priorities were identified and the themes are summarised below. Using this information draft logic models have been developed:

<table>
<thead>
<tr>
<th>CVD</th>
<th>MSK and Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care and Patient Education, working with public health</td>
<td>Self-Care and Patient Education</td>
</tr>
<tr>
<td>Variation in Primary Care practice e.g. referral protocols, coding of activity, call back arrangements</td>
<td>Variation in Primary Care/Secondary Care practice e.g. referral protocols, coding of activity</td>
</tr>
<tr>
<td>Case finding and optimising prevalence for AF and Hypertension – use of health checks, use of technology (work with AHSN)</td>
<td>Multi-disciplinary falls prevention/care</td>
</tr>
<tr>
<td>Agree revised protocols in Primary Care to support patients achieve target levels e.g. hypertension, cholesterol etc.</td>
<td>Review of Pain Management services/care</td>
</tr>
<tr>
<td>Referral Guidance and education e.g. referral criteria for chest pain, management of AF</td>
<td>Secondary Care admission protocols for back pain</td>
</tr>
<tr>
<td>Prescribing policy e.g. medicines optimisation switches and patient medication reviews to rationalise the medicines an individual has</td>
<td>Revised protocols for MRI scanning (Magnetic resonance imaging)</td>
</tr>
<tr>
<td>Confirm consistent approach to device implantation and cardiac investigations e.g. pacemaker, angiograms'</td>
<td>Prescribing policy e.g. medicines optimisation switches and patient reviews to rationalise the medicines an individual has</td>
</tr>
<tr>
<td>Work with NWAS and Primary Care in implementing pathways to reduce avoidable A&amp;E attendance</td>
<td></td>
</tr>
</tbody>
</table>

13.6 The CCG is required to meet an NHS England reporting schedule to demonstrate progress against the nationally defined programme milestones; the CCG is on track to meet the agreed timescales.

13.7 To date the Cheshire and Wirral CCGs have been informally sharing the outputs of
their work. A workshop is planned for June to more formally agree how we can effectively work together on Right Care. This builds on the recent publication of STP Right Care packs.2

14. **Access to further information**
For further information relating to this report contact:

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</tr>
</tbody>
</table>

15. **Glossary of Terms**

<table>
<thead>
<tr>
<th>AHSN – Academic Health Science Network</th>
<th>CCG – Clinical Commissioning Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVD - Cardiovascular</td>
<td>GiRFT – Getting it Right First Time – national programme identifying clinical variation</td>
</tr>
<tr>
<td>MRI scanning (Magnetic resonance imaging)</td>
<td>MSK - Musculoskeletal</td>
</tr>
<tr>
<td>QIPP – Quality Innovation Prevention and Productivity</td>
<td>Right Care – nationally developed programme to identify variation in efficiency and outcomes</td>
</tr>
</tbody>
</table>

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CCG Operational Plan 2017 - 19 programme of work this report links to ✓
- System Transformation
- Effective Use of Resources ✓
- Continuous Improvement ✓

CCG 5 Year Strategic Plan programme of work this report links to ✓
- Caring Together
- Mental Health & Alcohol
- Quality Improvement
- Other ✓

CCG 5 Year Strategic Plan ambitions addressed by this report ✓
| Increase the number of our citizens having a positive experience of care | Increase the proportion of older people living independently at home and who feel supported to manage their condition |
| Reduce the inequalities in health and social care across Eastern Cheshire | Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions |
| Ensure our citizens access care to the highest standard and are protected from avoidable harm | Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions |
| Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services |

CCG Values supported by this report – please indicate ✓
- Valuing People ✓
- Working Together ✓
- Investing Responsibly ✓

Innovation ✓
Quality ✓

NHS Constitution Values supported by this report – please indicate ✓
- Working together for patients ✓
- Respect and dignity ✓
- Commitment to quality of care ✓

Compassion |
Improving lives ✓
Everyone counts ✓