Improving Value in Elective Care Pathways

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Figure 27: Percentage still waiting/having waited more than 18 weeks (more than six weeks for diagnostics)

Data source: Referral-to-treatment waiting times statistics www.england.nhs.uk
Figure 28: Referral-to-treatment total waiting list size in millions, England

Data source: Referral-to-treatment waiting times statistics www.england.nhs.uk
Activity on OPD and Admissions

Trends in English NHS hospital activity, quarter 1 2008 - quarter 1 2015

Data source: Monthly hospital activity data, provider based www.england.nhs.uk
Figure 29: Maximum 62-day wait for first treatment: all cancers (urgent GP referral to treatment)

Target — 15%

Data source: Provider-based cancer waiting times www.england.nhs.uk
Figure 32: Emergency admissions from accident and emergency departments, monthly data

Data source: A&E attendances and emergency admissions [www.england.nhs.uk](http://www.england.nhs.uk)
Figure 35: Delayed transfers of care: total number of days delayed each month

Data source: Acute and non-acute delayed transfers of care, total days delayed, 2015/16 [www.england.nhs.uk](http://www.england.nhs.uk)
Procedures performed per 10,000 population, by CCG, Q4 2013-14

**Procedures** from Hospital Episode Statistics General & Acute episodes with a procedure (excludes drug therapies and diagnostic tests such as imaging).

**Population** is number of people registered with a GP in the CCG at July 2014. Based on CCG responsible for patient.
## Primary Inguinal Hernia Repair - Unilateral (Laparoscopic)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Period</th>
<th>Value</th>
<th>Mean</th>
<th>Chart</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Age/Sex Standardised Activity (per 100,000 population)</td>
<td>RY Q1 1415</td>
<td>8.60</td>
<td>17.05</td>
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<td>Average Length of Stay (Days)</td>
<td>RY Q1 1415</td>
<td>0.42</td>
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<td>7 Day Readmission Rate (%)</td>
<td>RY Q1 1415</td>
<td>3.23</td>
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<td>30 Day Readmission Rate (%)</td>
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<td>4.09</td>
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<tr>
<td>30 Day Reoperation Rate (%)</td>
<td>RY Q1 1415</td>
<td>0.00</td>
<td>1.12</td>
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<td>Daycase Rate (%)</td>
<td>RY Q1 1415</td>
<td>58.06</td>
<td>77.97</td>
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## Primary Inguinal Hernia Repair - Unilateral (Open)

<table>
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<tr>
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<th>Value</th>
<th>Mean</th>
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<tr>
<td>Age/Sex Standardised Activity (per 100,000 population)</td>
<td>RY Q1 1415</td>
<td>95.37</td>
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<td>Average Length of Stay (Days)</td>
<td>RY Q1 1415</td>
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<td>30 Day Readmission Rate (%)</td>
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Day case rate by provider

Day case rate by Provider trust, Q4 2013-14

90th percentile = 87%
Median = 80%
10th percentile = 71%
Ratio of 90th to 10th centile = 1.2

Day case rate taken from NHS Better Care, Better Value Indicators at [www.productivity.nhs.uk](http://www.productivity.nhs.uk). Based on the British Association of Day Surgery (BADS) list of 143 procedures which in most cases can be carried out safely as a day case.
Mean LoS for hip replacement

**Hospital Episodes Statistics**  Elective procedure as defined for monitoring the impact of Enhanced Recovery. Excludes providers of small numbers of procedures.

- **90th percentile** = 5.9 days
- **Median** = 4.8 days
- **10th percentile** = 3.6 days
- **Ratio of 90th to 10th centile** = 1.6

NB: some variation already reduced through use of enhanced recovery
Mean LoS for prostatectomy

Mean length of stay for Prostatectomy, by provider, 2013-14

90th percentile = 4.1 days
Median = 2.7 days
10th percentile = 1.8 days
Ratio of 90th to 10th centile = 2.3

Hospital Episodes Statistics  Elective procedure as defined for monitoring the impact of Enhanced Recovery.
Excludes providers of small numbers of procedures.
Efficient and Effective Elective Care: supply side

- Enhanced recovery
- Elective Care IST for administrative streamlining
- The Productive Operating Theatre (and Endoscopy)
- Shift in-patient to day case, day case to OPD or community
- Streamline pre-op assessment with data transfer from primary care records and:
  - Low risk – online assessment, default to DSU (should be >80%)
  - High risk – holistic peri-op medicine approach
- Where high demand consider 3 session days and weekend lists
Enhanced Recovery Plus

The best possible quality of care, with the most efficient possible use of resources

• Should a patient who has had access to good information and participated in shared decision making in respect of their elective care then choose to have an operation, they should have the best possible quality of care – measured by safety, experience and clinical effectiveness – both before and after their procedure, with the most efficient use of NHS resources.
Monitor Report on Productivity

- Potential 13-20% productivity gains in MSK and eye surgery
- Risk stratify patients, low-complexity pathways for low risk
- Extending clinical roles
- Increasing theatre throughput
- Implement enhanced recovery
- Virtual follow-up for uncomplicated patients
Efficient and Effective vs Productive
Efficient and Effective Elective Care: demand side

- Holistic personalised risk assessment
- Shared decision making with PDAs
- Offer opportunities to improve fitness for surgery
- Transparent information on intervention rates by CCG
- Describe value-based commissioning, not low value procedures
- Blanket bans don’t take account of individual needs
After a certain level of investment, health gain may start to decline.
Role of primary care

• Information about the proposed procedure and alternatives
• Personalised risk assessment and advice on health improvement related to fitness for surgery
• Ideally support for health improvement before referral for elective surgery
Shared Decision Making

The right person for the right operation at the right time.

- Evidence suggests that when patients have good information about the procedure they are considering, many elect not to have it. Also, where a patient decides to have an elective operation they should be supported to be as fit as possible at the time of surgery to optimize their outcome.
Peri-operative care team

- Role of anaesthetist and physician with wider multi-professional team in caring for high risk or complex surgical patients
Information sharing

• All relevant information from primary care record accessible to secondary care team
• Timely and accurate information including likely recovery time and potential complications sent from secondary to primary care
Back to work?

- What advice is given about return to work after elective surgery?
- GPs would like up-to-date guidance
- Benefits to patients
- Benefits to the economy
Inguinal Hernia Pathways: a professional journey

1987

1997

2007