NHS RightCare
Achieving The Right Approach

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What is NHS RightCare?

NHS RightCare is a programme committed to reducing unwarranted variation to improve people’s health and outcomes. It ensures that the right person has the right care, in the right place, at the right time, making the best use of available resources.

*NHS RightCare ensures local health economies*

- make the best use of resources to give better value for patients, the population and the taxpayer.

- understand how they are doing – by identifying variation with demographically similar populations

- get talking about the same stuff - about population healthcare rather than organisations

- focus on the areas of greatest opportunity by identifying priority programmes which offer the best opportunities to improve healthcare for populations

- use tried and tested processes to make sustainable change to care pathways to reduce unwarranted variation
The three pillars of NHS RightCare

NHS RightCare is all about...

Intelligence
Using data and evidence to shine a light on variation and performance to identify the areas of greatest opportunity and support quality improvement.

Innovation
Working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy.

Implementation
Supporting local health economies to implement sustainable change that improves population health and increases value.
# NHS RightCare - Approach

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<th>Objective</th>
<th>Maximise Value</th>
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<td>Principles</td>
<td>Get everyone talking about same stuff</td>
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<td>Phases</td>
<td>Where to Look</td>
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**Ingredients**

1. Clinical leadership
2. Indicative data
3. Engagement
4. Evidential data
5. Effective processes
At the heart of RightCare methodology is the triangulation of indicators:

- **Quality**
- **Spend**
- **Outcome**

Identify improvement opportunities by addressing **unwarranted variation** to create optimal value.
Principles of value based optimal design

Population focus
- Focus on people and the population not the organisations.
- Focus on those we don’t know as well as those we do

System thinking
- Shared, common aim
- Shared involvement in defining optimal and how best to use assets from across the system to achieve the aim

Value based
Think of value in two ways:
1. Allocative/Technical/Personal
   - Allocative – doing the right things
   - Technical – doing them right
   - Personal – decisions based on best current evidence, individuals values
2. Overuse/underuse
   - Overuse of lower value interventions
   - Underuse of higher value interventions
A pathway approach to identify variation and ensure a whole systems approach to improve quality, spend and outcomes

Diabetes Pathway

Each indicator is shown as the percentage difference from the average of the 10 CCGs most similar to CCG X
A pathway approach to identify variation and ensure a whole systems approach to improve quality, spend and outcomes

Diabetes pathway

Each indicator is shown as the percentage difference from the average of the 10 CCGs most similar to CCG X
Diabetes pathway and indicators shown for each CCG within the STP to identify system wide improvement opportunities
Suite of Intelligence products to build storyboards, explore the drivers of variation and join the dots in the system

Prevention, risk factors, primary care, secondary care, prescribing, social care, public health, outcomes, other co-morbidities and patient journey
Suite of Intelligence products to build storyboards, explore the drivers of variation and join the dots in the system.

Prevention, risk factors, primary care, secondary care, prescribing, social care, public health, outcomes, other co-morbidities and patient journey.
Working with expert partners: National charities, NCDs, NDPP, clinical colleges, Public Health England, NICE, academia, patient groups
### Risk Detection (T1DM and T2DM)

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<th>What it means for commissioners</th>
<th>Useful links</th>
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<td></td>
<td><strong>For Type 1 diabetes</strong>, Commissioners should ensure:</td>
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<td>- Everyone with T1DM should have access to specialist services throughout their lifetime, when they feel appropriate and at least annually.</td>
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<td>- Local arrangements for a structured programme for initiating insulin immediately on diagnosis and managing insulin or insulin pump therapy including training and support for the healthcare professionals and the patients (QS 6, 2011) This will include having access to the CGM NICE Guidelines.</td>
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<td></td>
<td><strong>Diagnostic criteria for diabetes</strong>: Diabetes UK</td>
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<td></td>
<td><strong>Type 1 diabetes in adults: diagnosis and management</strong></td>
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<td></td>
<td><strong>Prevalence estimates of diabetes in local authorities and CCGs</strong></td>
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<td><strong>NICE Quality Standard</strong></td>
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<td>NICE QS 125 - Diabetes in children and young people</td>
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## Nine Care Processes

### Diagnosis and Initial assessment (continued)

<table>
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<tr>
<th>NICE and NSF recommended care processes</th>
<th>The nine recommended care processes are important markers of improved long-term care of patients with diabetes. The care processes are:</th>
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<tr>
<td><strong>1. Blood glucose level measurement (HbA1c)</strong>&lt;br&gt;Optimum level between 6.5% and 7.5%</td>
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<tr>
<td><strong>2. Blood pressure measurement</strong>&lt;br&gt;&lt;140/80 mmHg with no kidney, eye or cerebrovascular damage; &lt;130/80 mmHg with evidence of kidney, eye or CV damage</td>
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<td><strong>3. Cholesterol</strong>&lt;br&gt;Total cholesterol should be 5.0 millimoles per litre (mmol/L) or lower</td>
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<td><strong>4. Kidney function testing (Urinary albumin)</strong>&lt;br&gt;&lt;2.5 mg/mmol for men; &lt;3.5 mg/mmol for women</td>
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<tr>
<td><strong>5. Kidney function testing (Serum creatinine)</strong>&lt;br&gt;&lt;150 micromol/L - discontinue metformin</td>
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<td><strong>6. Weight check</strong>&lt;br&gt;Aim for a healthy weight between a BMI of 18.5 and 24.9 kg/m²</td>
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<tr>
<td><strong>7. Smoking status</strong>&lt;br&gt;Check smoking status at annual review</td>
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<tr>
<td><strong>8. Eye examinations</strong>&lt;br&gt;Screening at least annually</td>
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<tr>
<td><strong>9. Foot examinations</strong>&lt;br&gt;Screening at least annually</td>
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*Care processes 1-3 are part of the CCG Improvement Assessment Framework (CCG IAF) treatment targets for diabetes. **Ensuring the effective management and monitoring of care processes can potentially reduce the risk of future complications.**
## Identification and management of complications

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<th>Key criteria</th>
<th>Microvascular complications are the major risk in type 1 diabetes, while macrovascular complications are the major cause of morbidity and mortality in type 2 diabetes. Control of hyperglycaemia and hypertension may prevent microvascular complications in both types of diabetes; a multifactorial approach, including behaviour modification and pharmacological therapy for all risk factors, may reduce the development of micro and macrovascular complications in type 2 diabetes.</th>
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</table>
| NICE guidance | - [Diagnosis and management of type 1 diabetes in children, young people and adults](#)  
- [Type 2 diabetes: The management of type 2 diabetes](#) |
| What this means for commissioners | Diabetic complications are common, costly and have a major impact on length and quality of life. There is good evidence that they can be delayed or even prevented in type 1 and type 2 diabetes by achievement of normoglycaemia, achievement of 3 treatment targets, control of other risk factors, regular review and early treatment.  
Commissioners should ensure:  
- Regular reviews and assessment of individuals with diabetes. The frequency will vary with the duration of the condition and individual needs  
- The 9 recommended care processes should be undertaken as part of regular reviews and assessments as they are important markers of improved long-term care and management of patients with diabetes  
- % achieving 3 treatment targets |
| Useful links | - Cardiovascular disease profiles allow you to compare complication rates in your CCG with England, your STP and similar CCGs (with respect to age, deprivation and ethnicity)  
- Diabetes Footcare profiles |

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*NHS RightCare*
Good Practice Examples

• “Bradford Beating Diabetes” NHS Bradford City CCG – Improving detection and prevention of T2D through a 3-phase campaign

• North West London Diabetes Transformation – improving patient pathways, digital, dashboards to drive improvement

• Effective models of working between primary and secondary care to support reduced unnecessary referrals and improved outcomes for patients

• Joint management plans held between the consultant and GP

• Access to the clinical record, shared between the consultant and GP

• Virtual clinics

• Integrated IT
Opportunity to create a paradigm shift

- Bringing together pieces of the puzzle to reduce unwarranted variation, create optimal care pathways and systems, with patients at the centre

- Adopting population health based approach from wellbeing and prevention through to end of life - shift activity towards prevention

- Working closely with Partners – Getting It Right First Time (GIRFT), Elective Care Transformation Programme (ECTP), Diabetes UK Public Health, National Programmes, Clinical Colleges Social Care to align priorities, strengthen and support a co-ordinated approach for system wide improvements

- Advocacy role – spreading RightCare concepts and principles across other workstreams in NHS: Integrated care, supported self-care and shared making
Thank you

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