GIRFT
Clinical Variation and Quality
KATHARINE HALLIDAY

GIRFT is delivered in partnership with the RNOH and the Operational Productivity Directorate of NHS Improvement
NHS: The Challenges

Increasing Demand

Demographic changes
- Growing population
  - 2010 – 60m
  - 2017 – 66m
  - 2050 – 75m

Ageing population
- By 2030, 33% of the UK population will be over 60 yrs old and by 2031 there will be 15.3m people aged over 65 yrs

Increasing BMI
- By 2050, 60% of men and 50% of women will be obese

Increased health needs
- >65% patients admitted are 75 years of age or older
- People living longer will expect to remain active
- Total hospital episodes:
  - 7.9m in 1994
  - 18.1m in 2014

Increase in total hospital episodes
- 129%

Financial challenges
- Decrease in NHS bed base since 1994. Currently at 129,299
- 15/16 Provider deficit: £2.45bn
- 16/17 Provisional aggregate net deficit: c.£900m
- Rising costs in NHS litigation premium from 14/15 to 15/16: c.£1bn – c.£1.4bn
- Annual flow from NHS to independent sector: £1.4bn
- The risk that savings initiatives are not based on clinical evidence
NHS: The Challenges

Unwarranted variation across trusts

- **Variation in hip & knee deep infection rate within one city.** If all trusts got to 0.19% this would save the NHS £200-300m p.a, enough for 60,000 replacements.

- **Variation in one city between cemented vs uncemented hip replacements.**

- **Variation in average cost of post orthopaedic surgery care.**

- **Large variation in ortho surgeons doing small number of complex procedures:**
  - 61% doing less than 11 – driving loan kit costs (£200k av. £760k max per site)

- **Three times as many facet joint procedures in one half of a city compared to the other.**

- **Some trusts have out of hours MRI provision for emergency conditions (e.g. cauda equina) but others do not, and some trust don’t provide blue light transport.**

Costs:
- **Cost of Plates** £22 - £1,583
- **Cost of Rods** £72 - £1,066
- **Cages & Spacers** £22 - £1,583
Prof Tim Briggs 2012

- Considerable variation in process and outcomes
- Clinical teams unaware
- Compiled Dashboard of metrics
- Visited every trust in England and discussed results with clinicians and managers

29th January 2018
GIRFT Emerging Lessons

Lower back pain surgery costs >£100m per annum with little evidence of efficacy

Cemented: £650  Uncemented: £5,300

No evidence that hip on right provides better outcome for over 70s

Huge variation between trusts in litigation averages:
- General surgery: £17 - £477
- Urology: £4 - £117
- Vascular: £1 - £6,353
- Obs & Gynae: £55 - £6,896

And the impacts are already emerging……
Litigation

- £65 billion
- 1.5% of NHS budget
- £368% increase in last 9 years only 50% increase in activity
- 1 trust spent £44.7m in NHS resolution
- Payout /citizen
  - US- £9
  - UK- £24

29th January 2018
GIRFT Outcomes

- Improved patient outcomes
- Improved patient experience
- Improved patient safety
- Re-empowered clinicians
- Increased functional bed capacity
- Reduced flow of work to independents
- Overall improvement in trust balance sheets
- Significant taxpayer savings

- Reduced complications and readmissions
- Reduced length of stay
- Reduced litigation costs
- Better directed care pathways
- Reduction in procurement and loan kit costs
- More productive workforce and reduction in locum costs

29th January 2018
GIRFT Orthopaedics Pilot: estimated impact to date

- **£50m** savings over two years and improved quality of care
- **50,000** beds freed up annually by reduced length of stay for hip & knee operations
- **£4.4m** estimated savings p.a. from increased use of cemented hip replacements for patients aged over 65 – reducing readmissions
- **75%** of trusts have renegotiated the costs of implant stock and reduced use of expensive ‘loan kit’

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2015-16</th>
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</thead>
<tbody>
<tr>
<td><strong>Litigation cases</strong></td>
<td>1,600</td>
<td>1,350</td>
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<tr>
<td><strong>Litigation cost</strong></td>
<td>£215m</td>
<td>£138m</td>
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</table>

Litigation claims and the associated costs have been reduced significantly.

British Orthopaedic Association used GIRFT principles in best practice guidance to its members.

A pricing letter provides transparency of the prices different orthopaedic trust pay for prosthesis, aiding procurement.
# From pilot to national programme

**25** Clinical work streams are already underway  
**800** Clinical lead visits already completed  
**10** Remaining work streams will kick off in waves between Nov 17 - Mar 18

<table>
<thead>
<tr>
<th>Wave</th>
<th>Start Date</th>
<th>Workstreams</th>
<th>Total</th>
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<tr>
<td>1</td>
<td>2012</td>
<td>Orthopaedics</td>
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<tr>
<td>2</td>
<td>Jan 2015</td>
<td>General surgery, Spinal, Vascular, Neurosurgery</td>
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<tr>
<td>3</td>
<td>Jan 2016</td>
<td>Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral &amp; Maxillofacial, Obstetrics &amp; Gynaecology</td>
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<tr>
<td>4</td>
<td>Apr 2017</td>
<td>Emergency medicine, Cardiology, Dentistry</td>
<td>15</td>
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<tr>
<td>5</td>
<td>May 2017</td>
<td>Breast surgery, Diabetes/Endocrinology, Imaging/ Radiology</td>
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<tr>
<td>6</td>
<td>Jul 2017</td>
<td>Anaesthetics/Perioperative, Intensive &amp; Critical Care, Renal</td>
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<tr>
<td>7</td>
<td>Sep 2017</td>
<td>Acute &amp; General medicine, Stroke, Neurology</td>
<td>25</td>
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<tr>
<td>8</td>
<td>Nov 2017</td>
<td>Geriatrics, Respiratory, Dermatology, Trauma Surgery</td>
<td>29</td>
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<tr>
<td>9</td>
<td>Jan 2018</td>
<td>Rheumatology, Pathology, Outpatients</td>
<td>32</td>
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<tr>
<td>10</td>
<td>Mar 2018</td>
<td>Gastroenterology, Mental Health, Plastic surgery</td>
<td>35</td>
</tr>
</tbody>
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Implementation until March 2021 with more specialties (oncology, paediatric medicine) to be added subject to DH business case later this autumn

- Implementation strategy agreed and governance in place
- Collaboration agreements with national and local partners being delivered
- Regional implementation support network being put into place
- Benefits measurement & tracking approach developed

29th January 2018
Imaging and Radiology

- Gail Roadknight - Project manager
- Andrew Boasman - Analyst
- Kath Halliday - Clinical Lead
Variation

- Children 3X as likely to have WBCT in adult trauma centre
- % CT within 1 hour for Stroke by CCG - 6.4X (14.3-91.3%)
- CT – 4.6 X
- MRI – 6.4 X
National Imaging Optimisation and Delivery Board (NIODB)

- NHSI- Operational Productivity
- Pathology and Radiology
- “Developing and understanding of unwarranted variation within Pathology and Imaging provision and guiding the consolidation of services across the country to deliver quality and efficiency gains’
- Chaired by Erika Denton
- Representation from RCR, SCoR, NCD, AXREM …
- Collecting large amounts of NATIONAL data

29th January 2018
Model Hospital

- Real time data
- Hospital level
- Allow trusts to monitor their own performance
- Still under development
- NIODB and GIRFT will influence content
## GIRFT Implementation Pathway

### PHASE 1: Preparation
**Clinical Leads** set review priorities & parameters per clinical workstream.

GIRFT Data Team harvest data & prepare trust data packs.

- **Month 0-7**

### PHASE 2: Data Pack Implementation
- **GIRFT Review Team** issues data packs to trusts, copied to NHSI Region teams.
- **Trusts** use data packs to build GIRFT Implementation Plan per workstream assisted by GIRFT Hub, and start to deliver improvements.

- **Month 7-32**

### PHASE 3: Clinical Lead Visit Findings Implementation
- **Clinical Leads & GIRFT Review Team** visit trusts.
- **Trusts** add visit recommendations to Implementation Plans, assisted by GIRFT Hub, and continue to deliver improvements.

- **Month 9-32**

### PHASE 4: National Report Implementation
- **Clinical Leads & GIRFT National Team** publish workstream National Report.
- **Trusts** add report recommendations to Implementation Plans, assisted by GIRFT Hub, and continue to deliver improvements.

- **Month 14-32**

### PHASE 5: Review
- **GIRFT Data Team** refresh & reissue trust data pack.
- **Clinical Leads & GIRFT Review Team** revisit trusts.
- **Trusts** update Implementation Plan, assisted by GIRFT Hub, and continue to deliver improvements.

- **Month 23-35**

### PHASE 6: Complete Implementation & Transition to BAU
- **GIRFT Hub Teams** assist trusts to complete actions in Implementation Plans and transition improvements into business as usual.

- **To month 36**

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- Ongoing support for trusts from GIRFT Hub Teams to aggregate individual workstream implementation plans, taking a strategic look at priorities and solutions across trusts and local health economies.

- Ongoing collaboration between GIRFT Hub Teams and regional teams from NHSI, NHSE & RightCare to dovetail approaches and ensure that GIRFT priorities are mainstreamed into local NHS improvement plans (see detail below)

29th January 2018
General data

• Description of dept
• Workload
• Staffing
• Waiting
• Reporting (how much, by whom, costs)
• Etc etc
  – Initially NHSBN, subsequently NIODB, CQC?
Sentinel conditions HES/DID

- Stroke
- Appendicitis in Children
- Abdominal pain in adults
- Colorectal cancer
- Pulmonary embolus
- Seizures
- Back Pain/MRI
- Volume of imaging/service
- Breast surgery. Use of MRI/vacuum biopsy
Questionnaire

- Dept specific patient feedback /staff survey
- Critical alert systems
- Litigation/incidents
- ISAS
- RCR/SOR audits
- CPD/MDT for reporting radiographers
- MRI protocol for trauma knee/ rectal cancer
- Electronic order comms?
- Can you see images and reports from other hospitals instantaneously?
- FTE for requesting/receiving PACS transfers?
- No of images auto reported?
Intervention questions

- Nephrostomy
- Abscess drainage
- Biliary drainage
- Arteriography/Emboliisation for GI bleeding
- Vascular (EVAR, Thrombolysis)
- Neuroradiology (MT, coiling)
  - 9-5, weekend daytime, 24/7 (Always/sometimes)
ON SITE

- Look around Dept
- Report a paediatric x-ray
- Vet and protocol MRI
Principles

• Clinically lead
• Reduce unwarranted variation
• Evidence based
• Concentrate on QUALITY and resource savings will follow
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