GETTING IT RIGHT FIRST TIME

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Clinically-led programme, reducing variation and improving outcomes

Adrian Hopper, Geriatric lead

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

Introducing GIRFT

- Review of **35 clinical specialties** leading to national reports for each.
- Led by **frontline clinicians** who are expert in the areas they are reviewing.
- **Peer to peer engagement** helping clinicians to identify changes that will improve care and deliver efficiencies, and to design plans to implement those changes.
- Support across all trusts and STPs to drive **locally designed improvements** and to share best practice across the country.
- Agreed **efficiency savings**: c.£1.4bn per year by 2020-21, starting with between £240m and £420m in 2017-18.

Tackling unwarranted variation to improve quality of patient care while also identifying significant savings.

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GIRFT local support

GIRFT Regional Hubs support trusts in delivering the Clinical Leads' recommendations by:

- Helping them to assess and overcome the local and national barriers to delivery.
- Working closely with NHSI regions to ensure prioritisation of GIRFT delivery takes account of the wider context within each trust and is joined up with local and regional improvement initiatives.
- Joining up with NHSE/RightCare to ensure integrated support for STP level improvements.
- Producing **good practice manuals** of case studies and best practice guidance that trusts can use to implement change locally.
- Supporting mentoring networks across trusts.

Each hub will have two **clinical ambassadors:** regionally recognised leaders of improvement programmes

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GIRFT cross-cutting themes

- GIRFT is delivering 35 workstreams, occurring concurrently at different stages.
- Core focus is on peer to peer engagement within specialties, but to maximise improvement opportunities we also need to focus on patient pathways and services that cross specialty boundaries.
- GIRFT is therefore delivering a number of **cross cutting projects**:

- And GIRFT Clinical Leads are coming together to work in **clinical service lines** when beneficial for exploiting opportunities or joining up services across specialty boundaries:

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GIRFT impact on resource savings

Orthopaedic pilot

c.£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 over 65s

36%
reduction in litigation costs from 2013-16: a £77m saving

75%
of trusts have renegotiated the costs of implant stock and reduced use of expensive 'loan kit'

Case Study

One NW trust has made c.£700k resource savings between 2014 and 2017 through: cost effective procurement of specialist instruments (£133k), reduced length of stay (£364k), use of best practice tariff (£110k) and improved theatre utilisation (£74k).

Overall position to date

- GIRFT 2017-18 business plan target: £240m (£420m stretch target)
- Total savings opportunity realised in 2017-18 Q1 & Q2 is £136m (57% of target)
- Cumulative realised total to date (Q1 2016-17 to Q2 2017-18) is £242m

Note: figures are for gross notional savings. Actual figure is likely to be higher as not all metrics are currently measurable and greater benefits accrue as impact of recommendations land.

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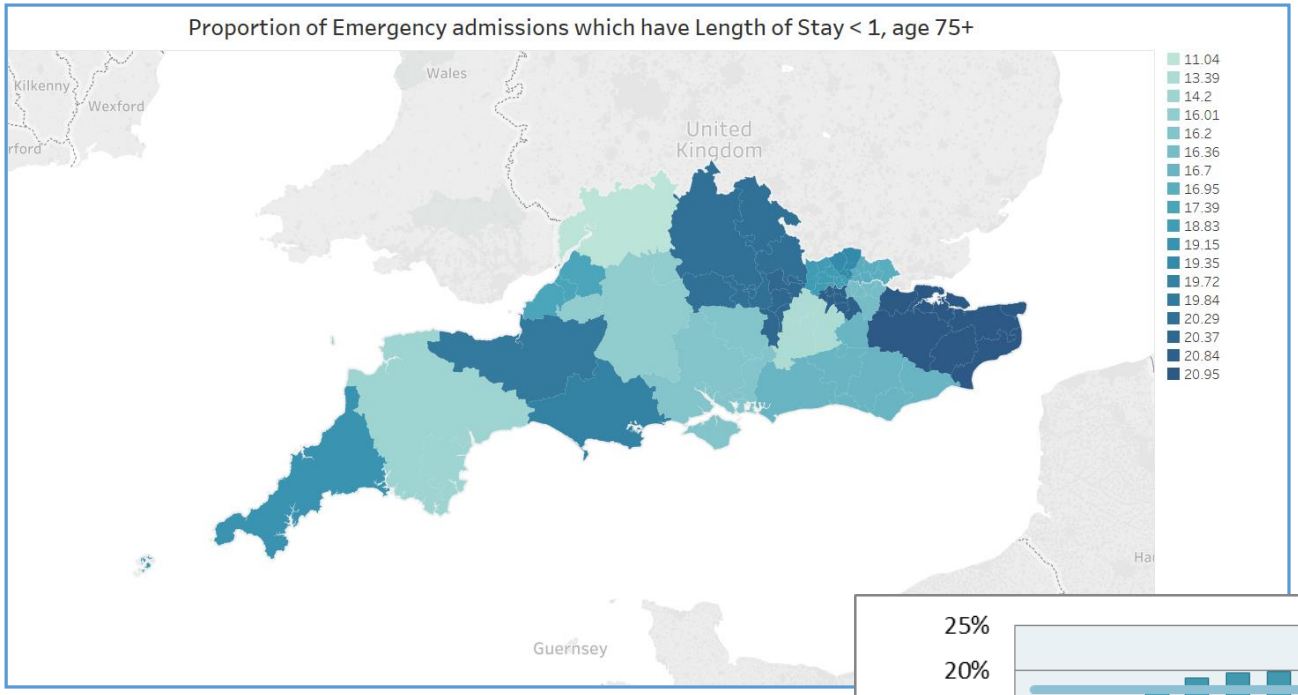
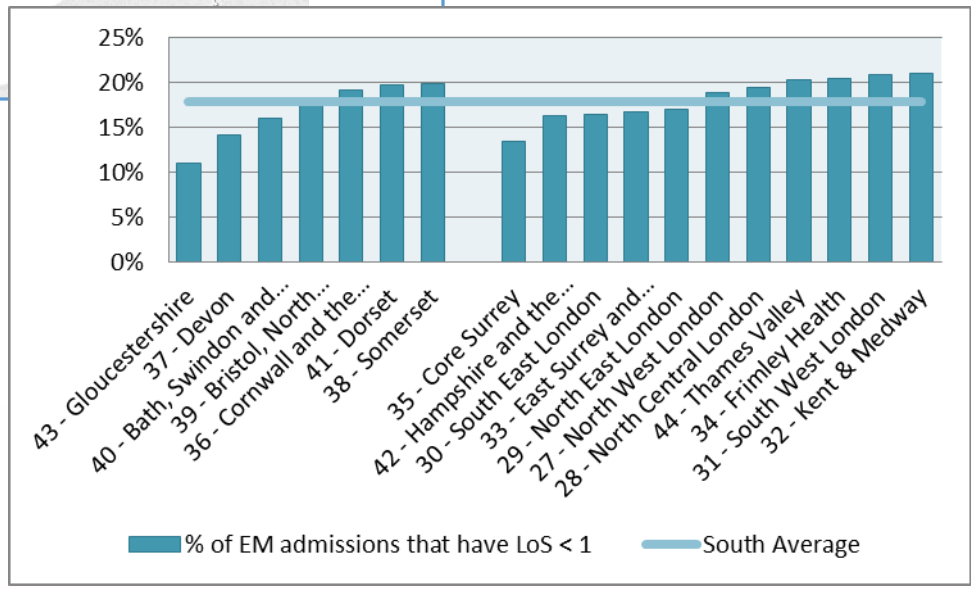


According to HES data, across the South 17.9% of patients 75 and over admitted in an emergency had length of stay zero in 2016/17



Source: Hospital Episode Statistics (HES) 2016/17

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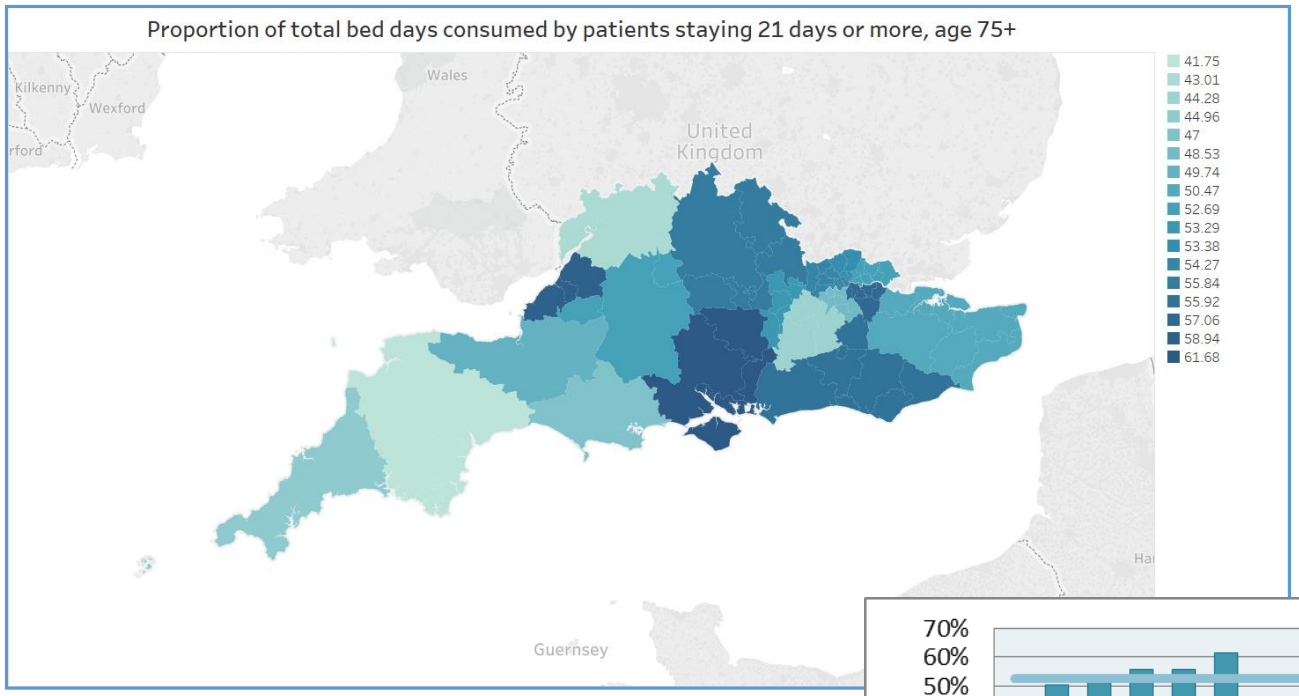
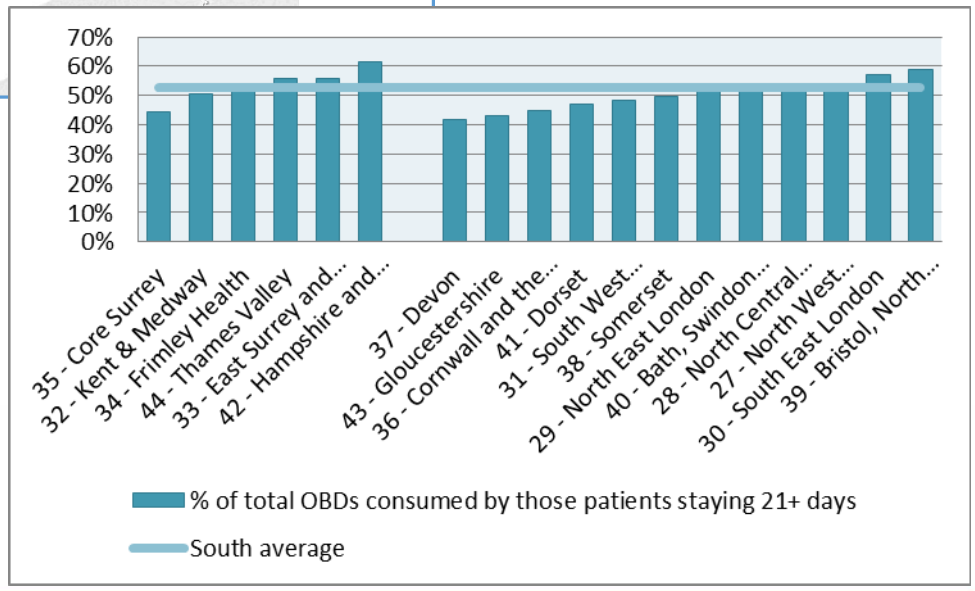


According to HES data, across the South among patients 75 and over, those admitted for 21 days or more consumed 53% of the total bed days in 2016/17



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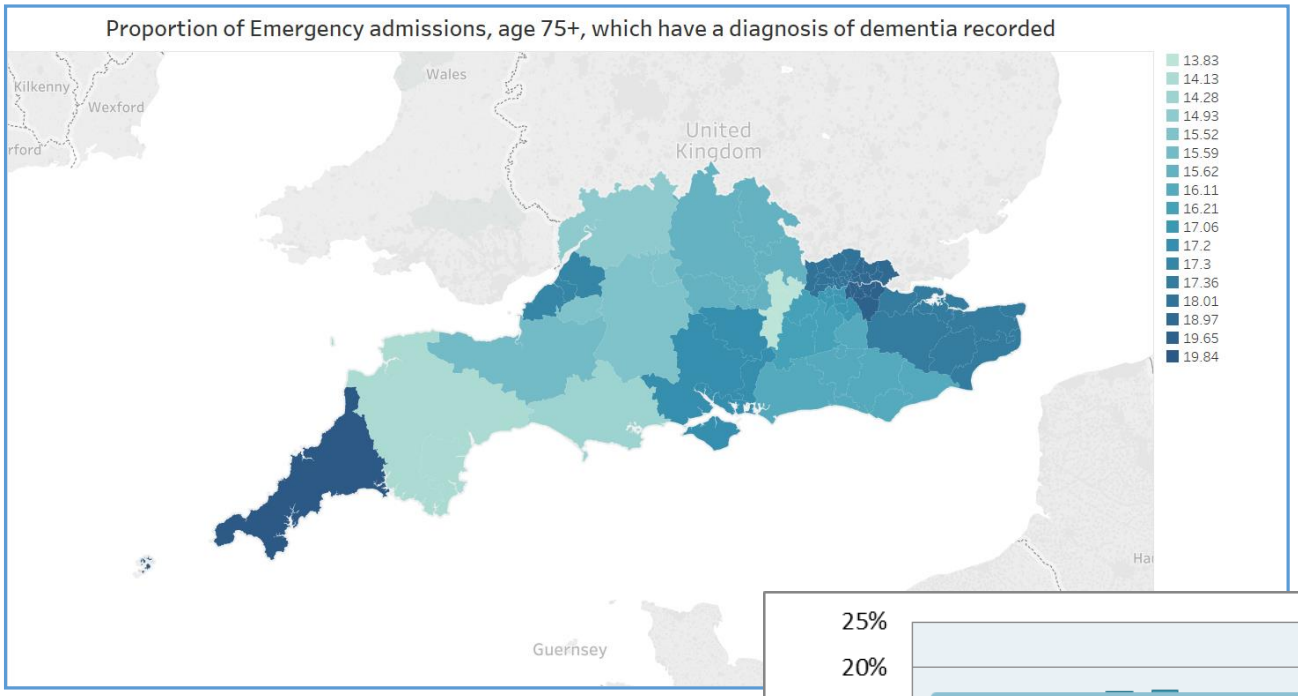
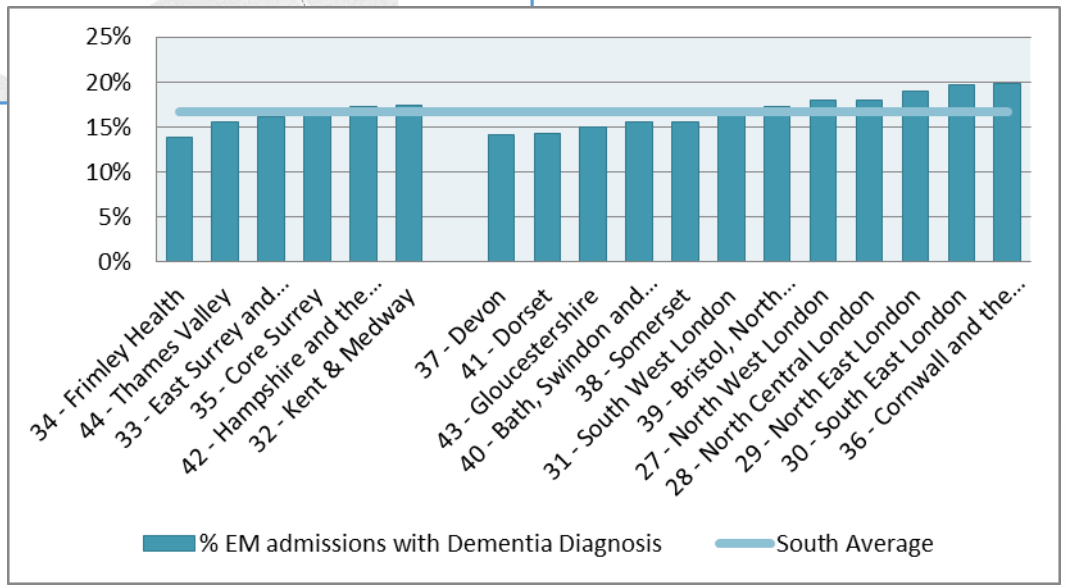


According to HES data, across the region 16.7% of patients 75 and over admitted as an emergency had a diagnosis of dementia recorded in 2016/17



Source: Hospital Episode Statistics (HES) 2016/17

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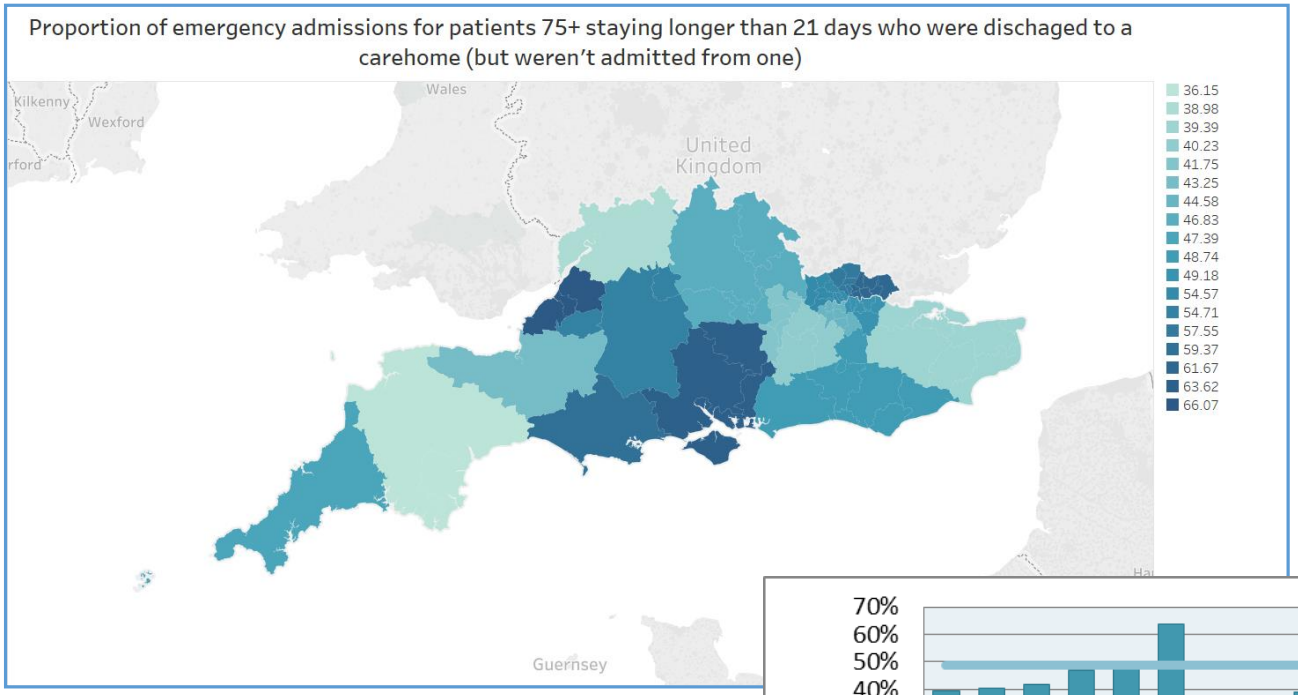
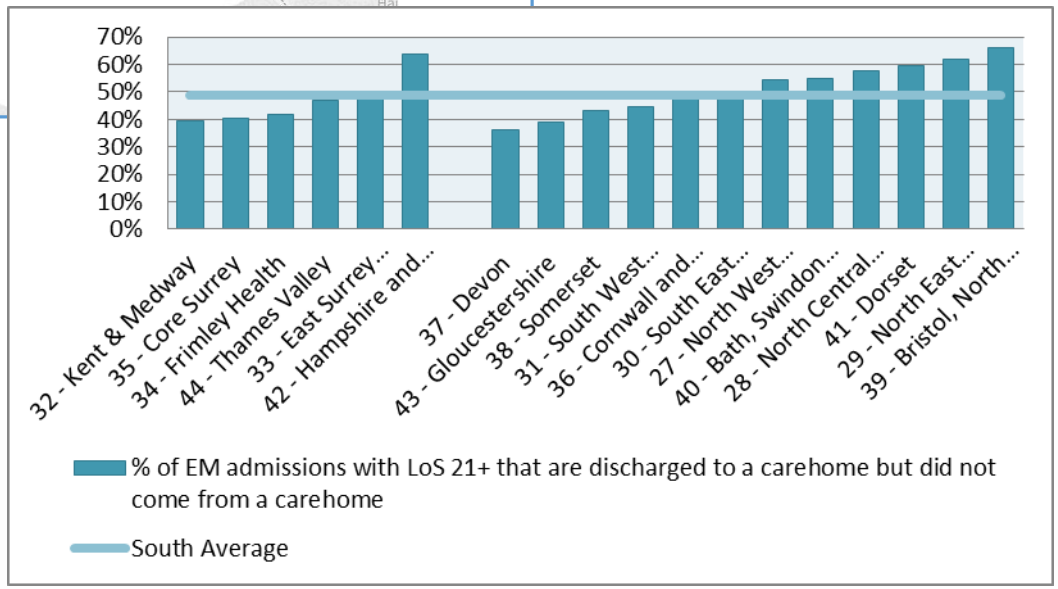


According to HES data, across the region 47% of patients 75 and over admitted as an emergency who stay in hospital 21 or more days are discharged to a care home



Source: Hospital Episode Statistics (HES) 2016/17

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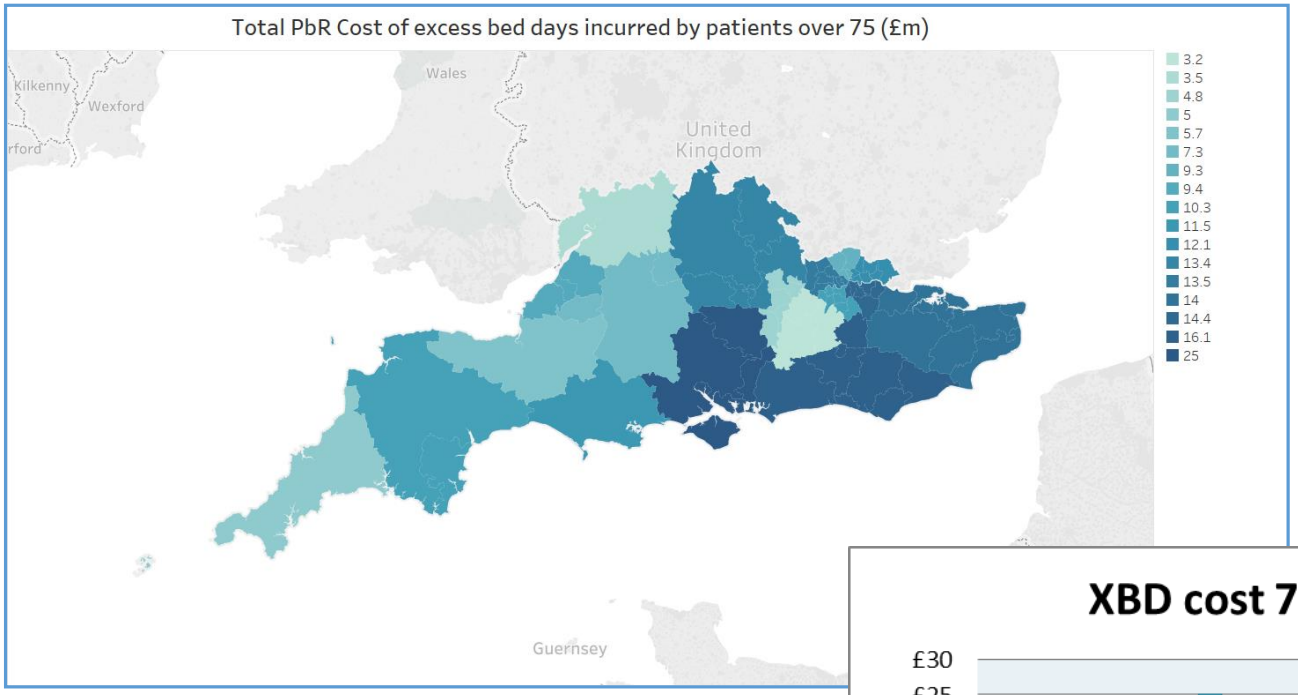
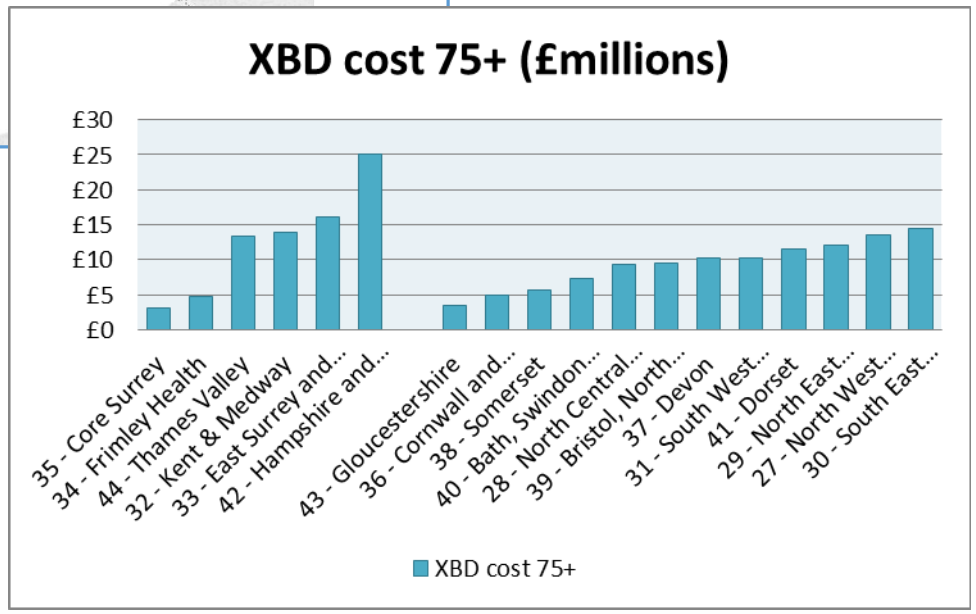


According to SUS data, across the region £189m was spent on Excess Bed Day costs for admissions of patients 75 and over in 2016/17



Source: Secondary Uses Service (SUS) 2016/17

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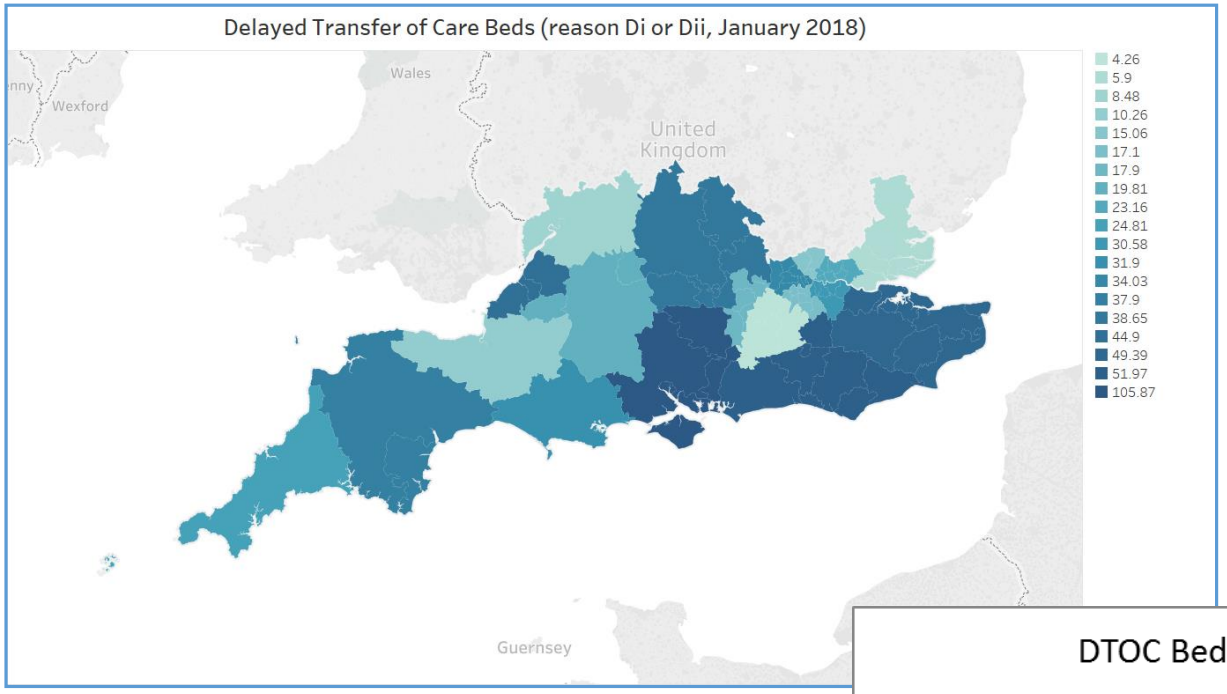
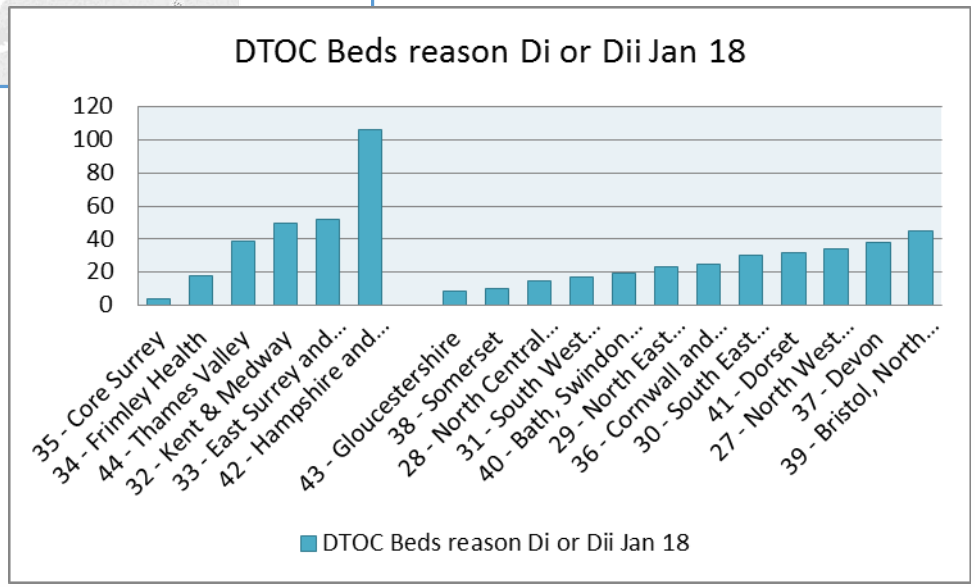


According to Unify2, across the region DTOC days resulting from patients waiting for Nursing or Residential Home placements were the equivalent of 566 beds in January 2018



Source: Unify2
Note – this includes delays attributable to the NHS, Social care or both

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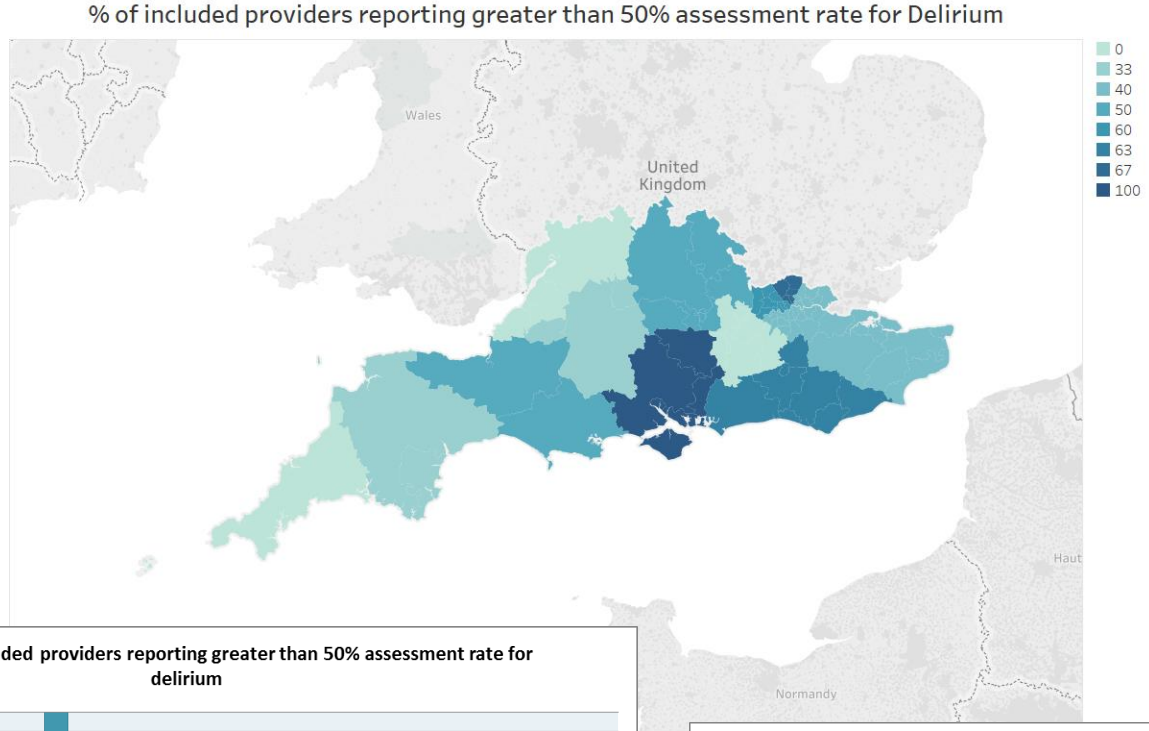

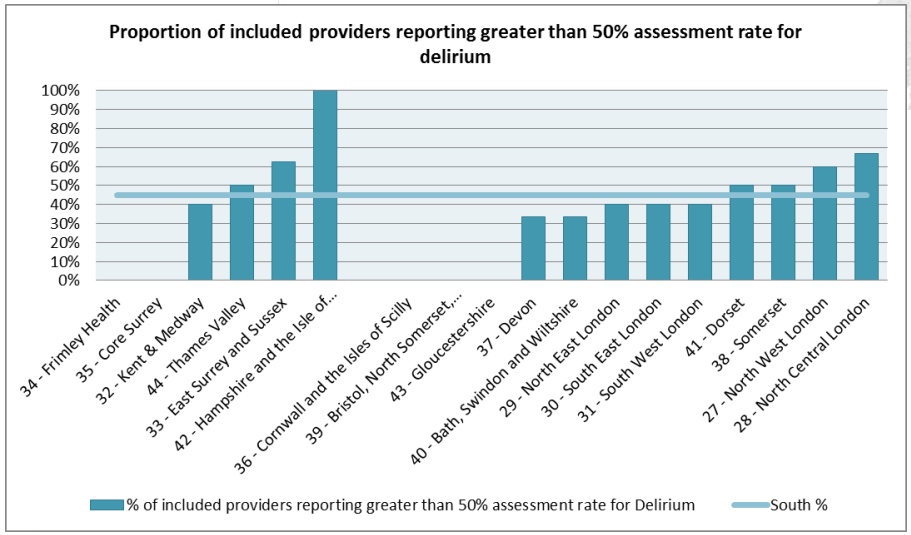

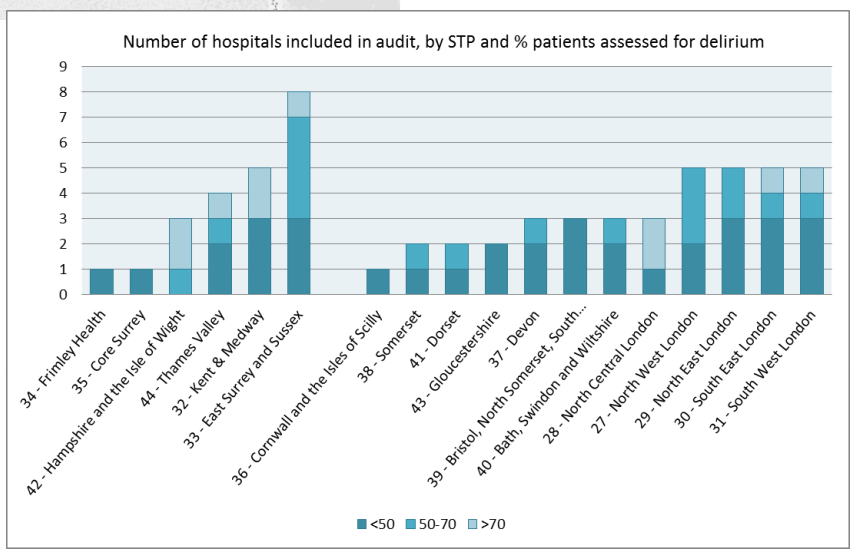

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