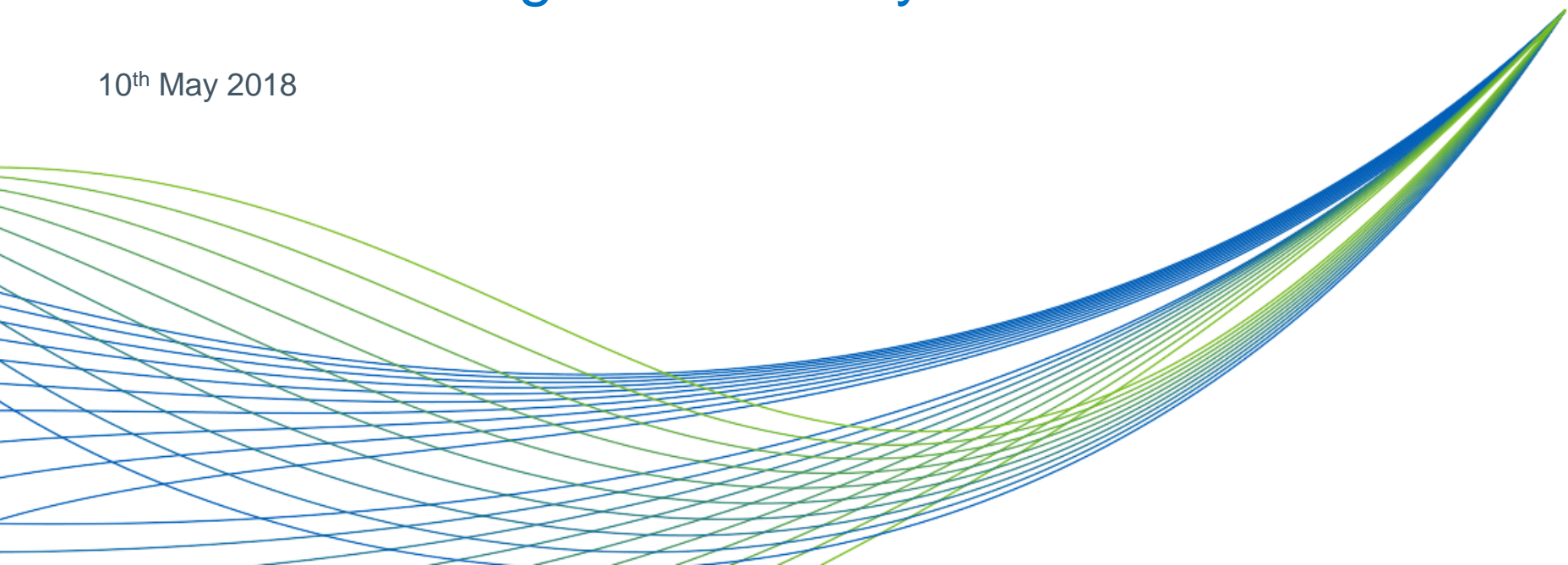


RightCare

Dr Bruce Pollington - Delivery Partner

10th May 2018



RightCare scenario: **The variation between standard and optimal pathways**



Janet's story: Frailty

Janet's story: Journey 1

- Janet is 84 - a retired teacher living with her 85 year-old husband Arthur
- On a Friday evening, Janet falls. Arthur calls 999. Janet is taken to A&E
- She is given a hip x-ray. There is no fracture but blood and urine tests show UTI and dehydration, so she is admitted to an acute medical ward
- The next day (Saturday) she is moved to a general medical ward
- After the weekend, Janet is assessed as having postural hypotension
- **In 2014/15 there were 2,154 serious falls (per 100k population) in the average CCG**
- Due to a lack of available beds in the community, Janet is moved to a winter escalation ward in the hospital. She falls again in the ward. As a result she is no longer fit for rehabilitation and requires a care package
- This is put in place almost three weeks after admittance and she is finally discharged.
- **10 days in a hospital bed leads to the equivalent of 10 years of ageing in the muscles for people over 80**
- Seven months later, Janet falls again and, after discharge from hospital, goes into a care home. After rapid deterioration and another fall, she returns to acute care and after 10 days on the intensive care ward, she passes away aged 85.

This version of Janet's journey costs £35k at 2015/16 prices

Janet's story: Journey 2

- Janet's journey begins four years earlier when, aged 80, she and Arthur are visited by the Fire Service. As well as helping with fire prevention, they conduct a gait speed test on Janet and Arthur and deem Janet to show early signs of frailty. They provide her with the Practical Guide to Healthy Ageing and put her in contact with a local charity that runs exercise classes for the over 80s which Janet enjoys.
- Five years on she remains well and engaged in the local community but is beginning to feel frail. She visits her GP who diagnoses moderate frailty and refers the system-wide multi-disciplinary team to her. The team assess her needs, make her home 'frailty-friendly', optimise her medication and engage her in the local Memory Service. This culminates in a jointly agreed personalised frailty and dementia care plan.
- Two years later, aged 87, Janet falls. The out of hours GP visits, armed with her care plan and aware of her personal preferences. Via discussion with Janet, Arthur and – by phone – the on-call case management team leader, they agree how to manage the situation, without recourse to A&E or a hospital bed. Instead the new Community Geriatric Rapid Access Clinic is used.
- A year later, Janet falls again and this time does have a hospital stay but returns home quickly, with a support package. 11 months on, aged 89, Janet passes away.

Journey 1 cost £35k

Journey 2 cares for Janet much better and costs only £19k

Financial information

Analysis by Cost Category	Standard	Optimal
Prevention and Public Health	£0	£2,239
Detection	£0	£20
Primary Care Management	£176	£59
Urgent and Emergency Care	£699	£233
Non-elective Admissions	£28,838	£0
Intermediate Care	£2,735	£4,979
Community Care	£2,766	£11,856
Miscellaneous	£60	£0
Grand total	£ 35,274	£ 19,386

This is the cost to the local health economy rather than the commissioner (which would be tariff based)

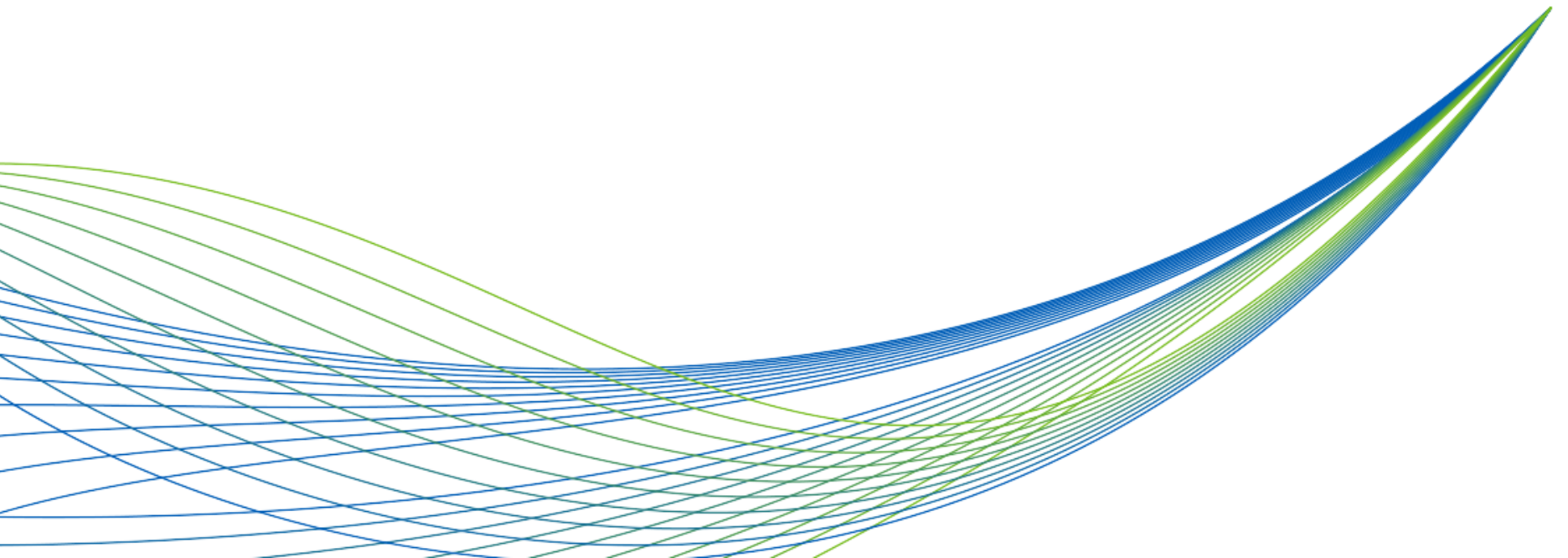
Financial information

Analysis by Provider	Standard	Optimal
Fire Service - Safe & well visits	£0	£60
Community teams	£0	£903
3rd Sector	£0	£4,400
Primary Care	£176	£370
Ambulance Service	£699	£233
Rapid access assessment unit	£0	£314
Acute	£28,830	£0
Acute frailty unit	£0	£1,200
Ambulatory Care unit	£0	£157
Community Hospital	£0	£2,993
Mental Health Provider	£0	£272
Social Services	£2,842	£8,483
Care Home	£2,727	£0
Grand total	£ 35,274	£ 19,386

This is the cost to the local health economy rather than the commissioner (which would be tariff based)

NHS RightCare Intelligence: Frailty update

Frailty Focus Packs – outline and preview



Falls & Fragility Fractures pathway

RightCare Pathway: Falls and Fragility Fractures

RightCare Pathways provide a national case for change and a set of resources to support Local Health Economies to concentrate their improvement efforts where there is greatest opportunity to address variation and improve population health.

Commissioners responsible for **Falls and Fragility Fractures** for their population should:

- ✓ focus on the three priorities for optimisation
 - **Falls prevention**
 - **Detecting and Managing Osteoporosis**
 - **Optimal support after a fragility fracture**
- ✓ work across the system to ensure that schemes to deliver the **higher value interventions** are in place
 - **Targeted case-finding** for osteoporosis, frailty and falls risk
 - **Strength and balance training** for those at low to moderate risk of falls
 - **Multi-factorial intervention** for those at higher risk of falls
 - **Fracture liaison service** for those who have had a fragility fracture,
- ✓ use the Falls Prevention Consensus Statement and Resource Pack, especially the **implementation checklist** – there are links to the relevant sections throughout this resource

<https://www.england.nhs.uk/rightcare/products/pathways/>

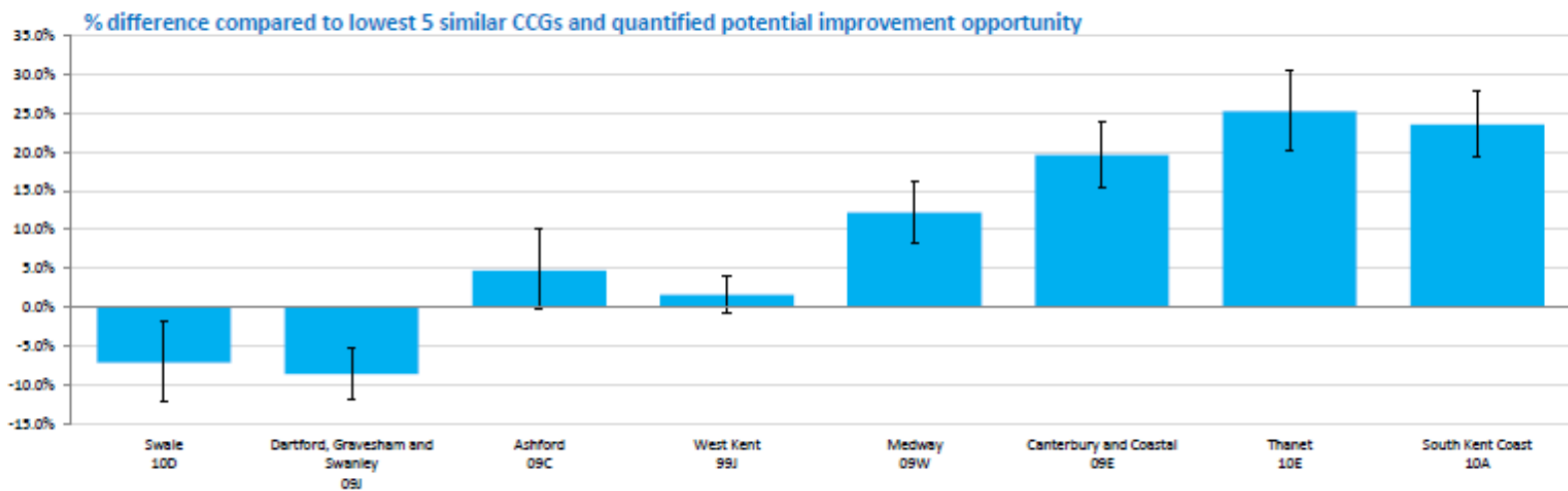
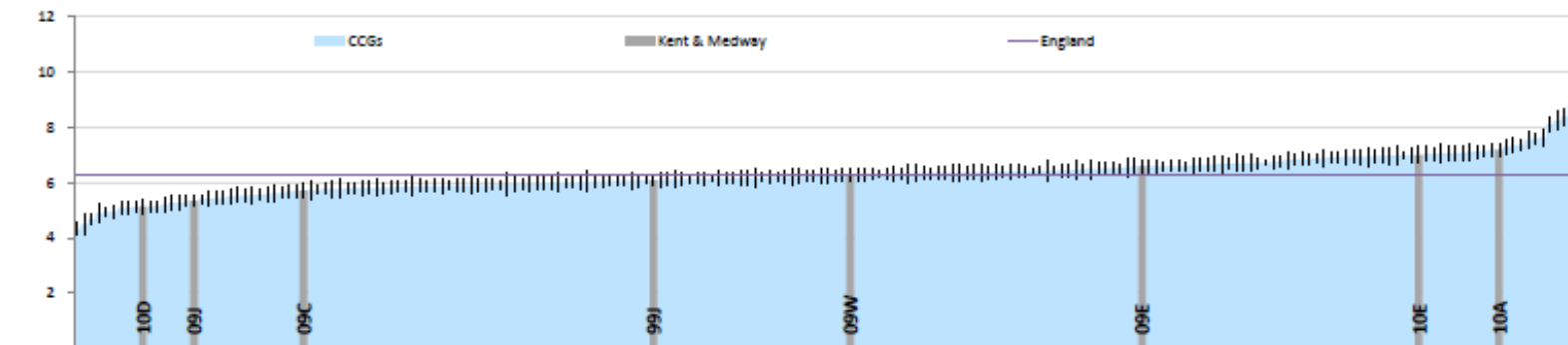
[Continue](#)

Development of Frailty focus pack & A frailty pathway

- Focus packs present data from a range of datasets to enable a deep dive into the condition area for a Local health economy.
- Will predominantly focus on >65 dataset indicators
- Does not aim to replicate every indicator that may be potentially relevant where these are in other focus packs
- Currently working to align with work on RightCare's Frailty Pathway and the Geriatric Medicine workstream of NHS Improvement's Getting It Right First Time (GIRFT) programme

Dementia estimated prevalence 65+

Dementia: Estimated prevalence (%) for 65+ - February 2018



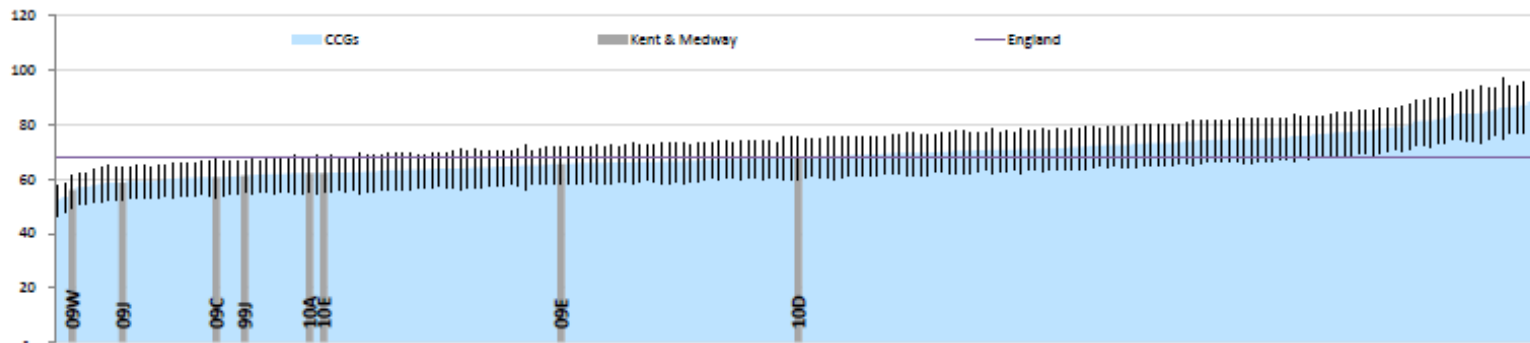
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: NHS Digital, Recorded Dementia Diagnoses

Kent & Medway

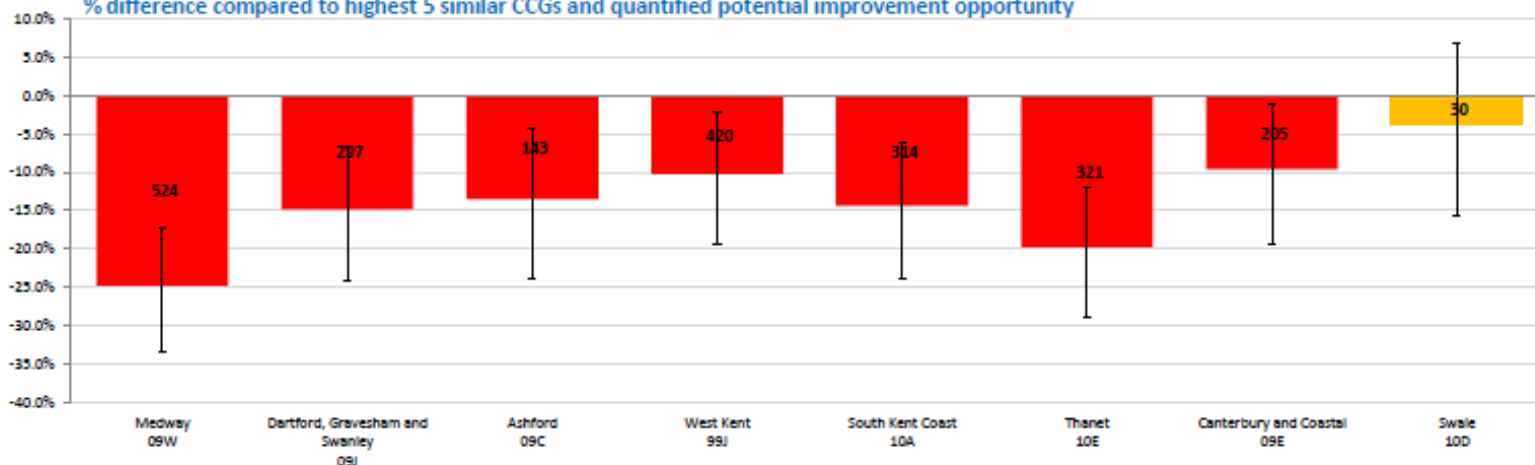
Dementia diagnosis rate 65+

Dementia: Diagnosis rate (%) for 65+ - February 2018

2,224 Ppl.



% difference compared to highest 5 similar CCGs and quantified potential improvement opportunity



STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: NHS Digital, Recorded Dementia Diagnoses

Kent & Medway

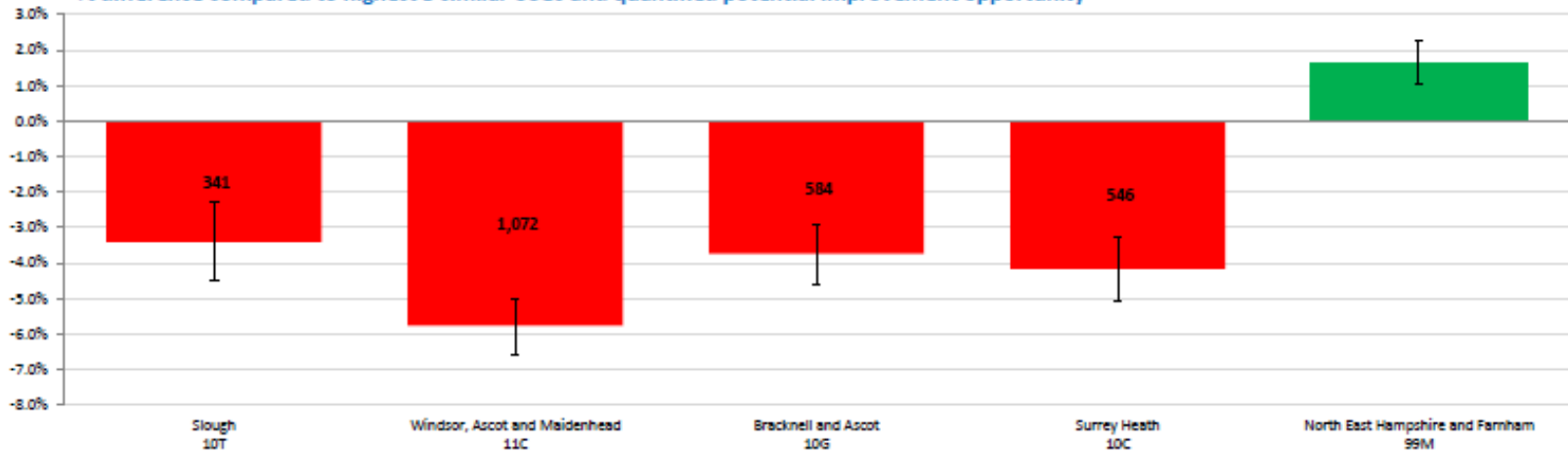
Take up of flu vaccine

Percentage of seasonal influenza vaccine uptake amongst GP patients aged 65+ - 1 Sep 2016 - 31 Jan 2017

2,542 Pats.



% difference compared to highest 5 similar CCGs and quantified potential improvement opportunity

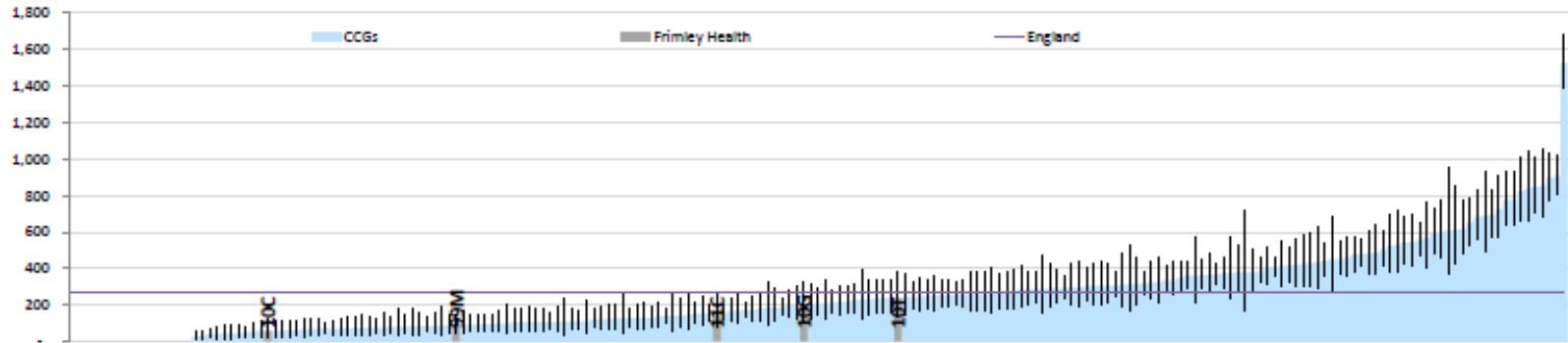


STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: Public Health England (PHE), Influenza Immunization Vaccine Uptake Monitoring Programme

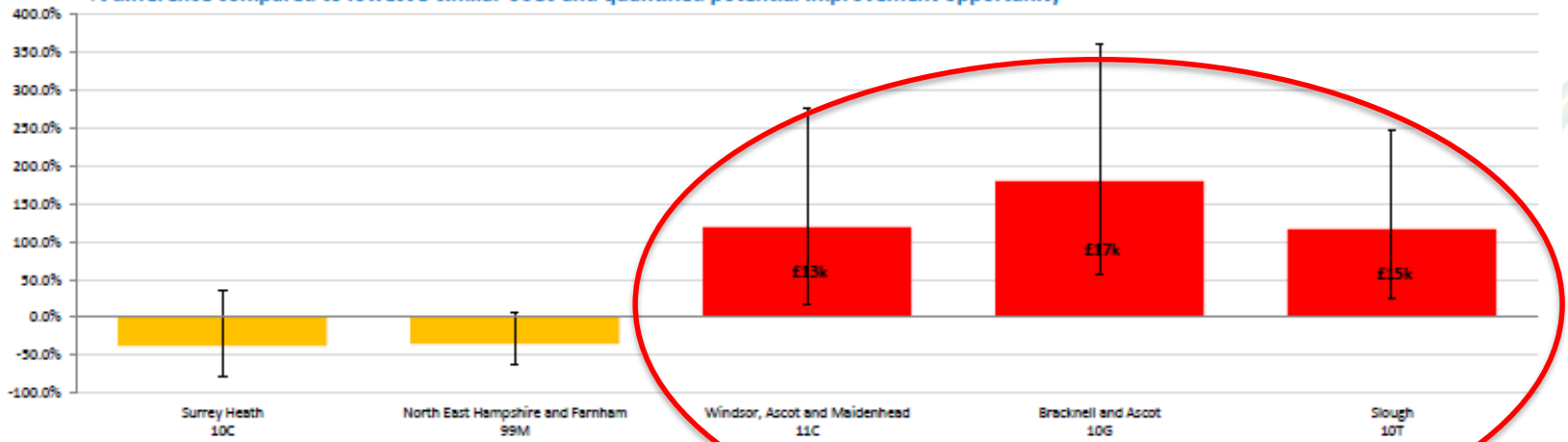
Influenza NEL admission - Broadly correlates

Influenza: Spend on non-elective admissions per 1,000 age-sex weighted population - 2016/17

£45k



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



STP Opportunity calculated by summing the CCGs with statistically significant opportunities

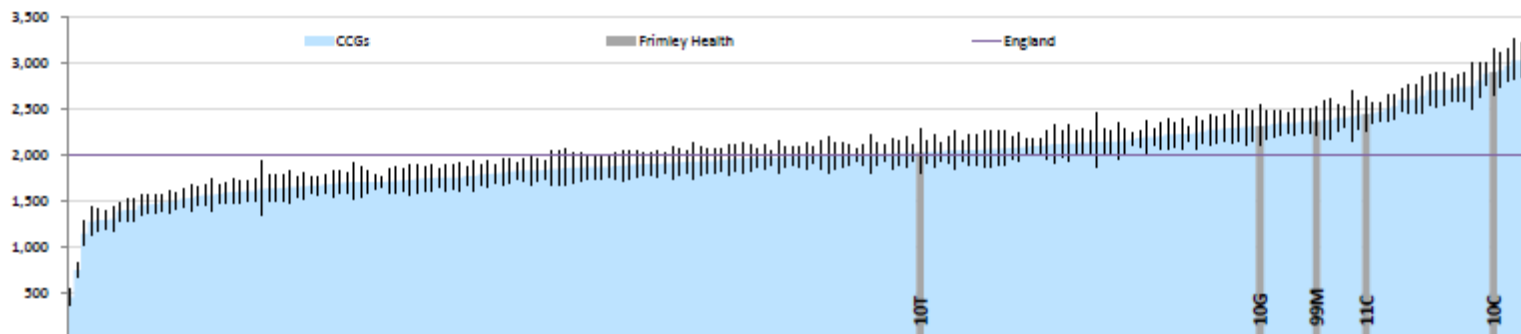
Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

Frimley Health

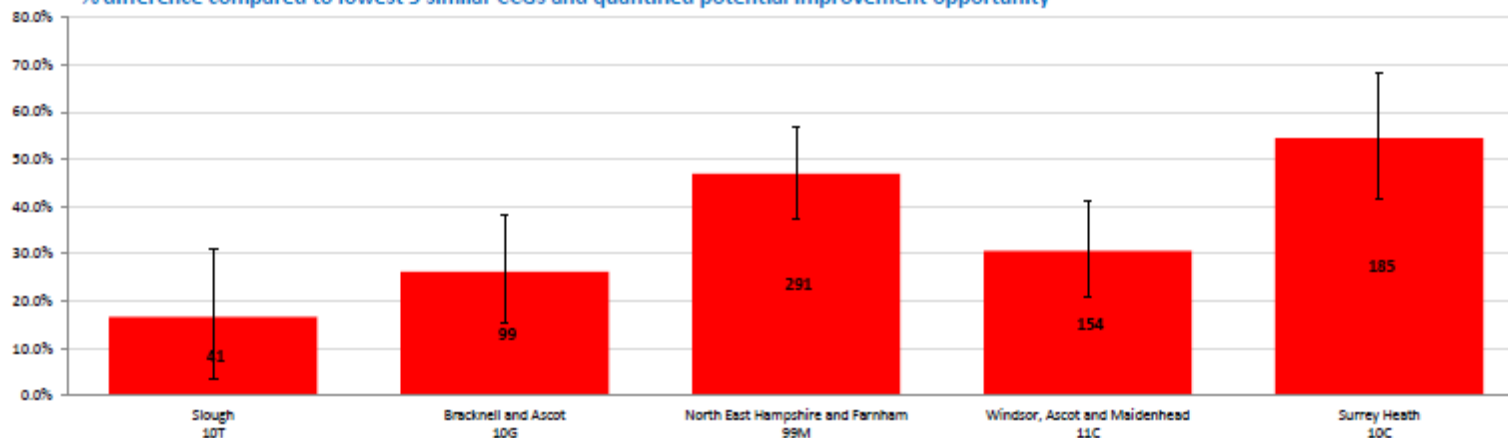
Rate of injuries due to falls >65+

Rate of injuries due to falls in people aged 65+ per 100,000 age-sex weighted population - 2016/17

769 Adms.



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



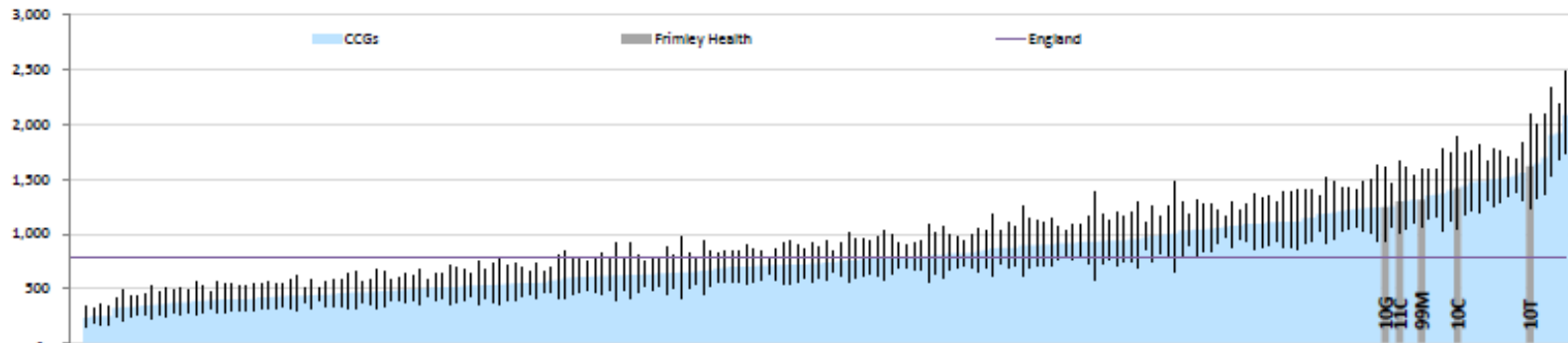
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
 Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

Frimley Health

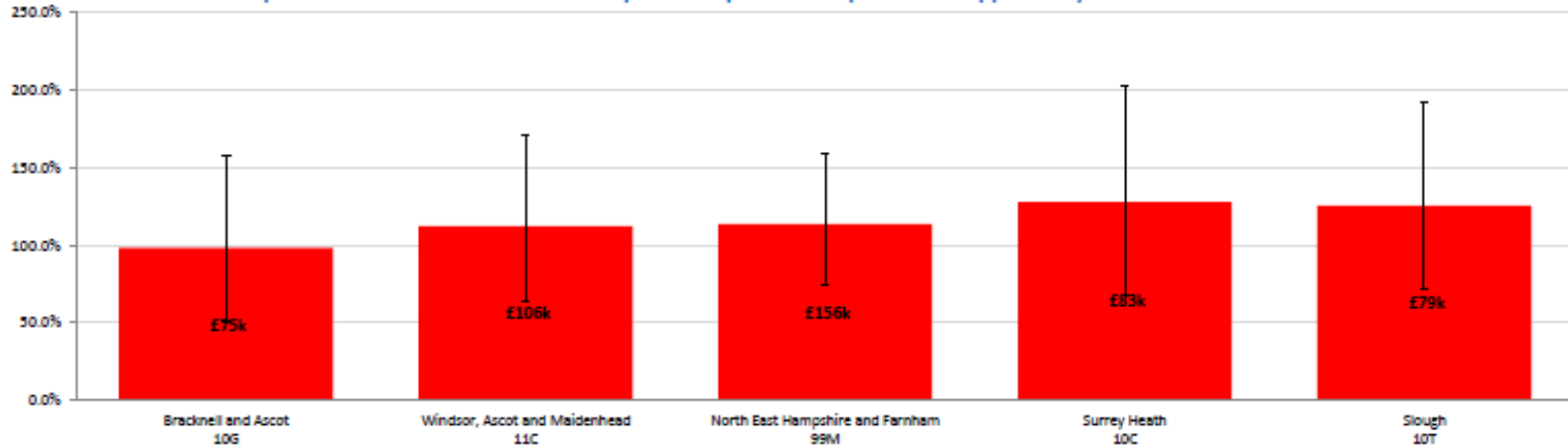
Spend on NEL admissions for disorientation (R410)

Disorientation, unspecified (R410): Spend on non-elective admissions per 1,000 age-sex weighted population - 2016/17

£500k



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



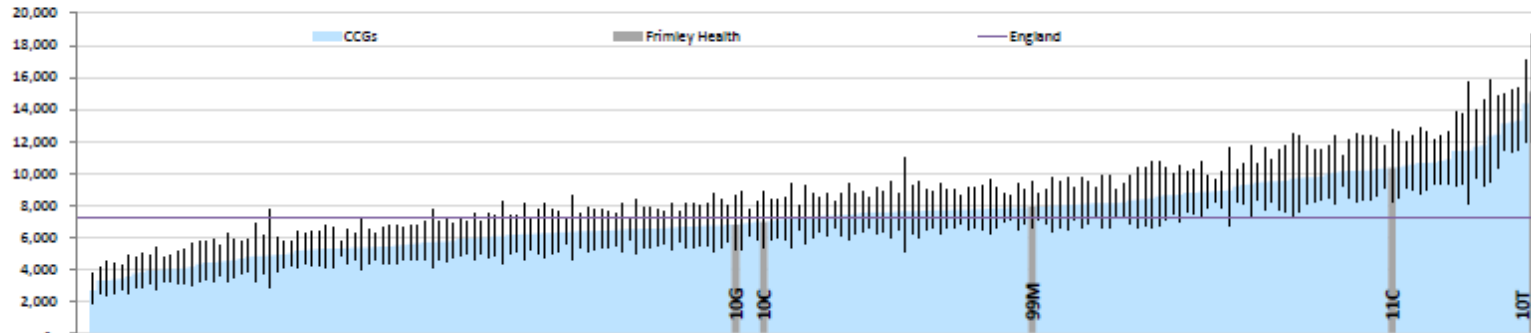
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

Frimley Health

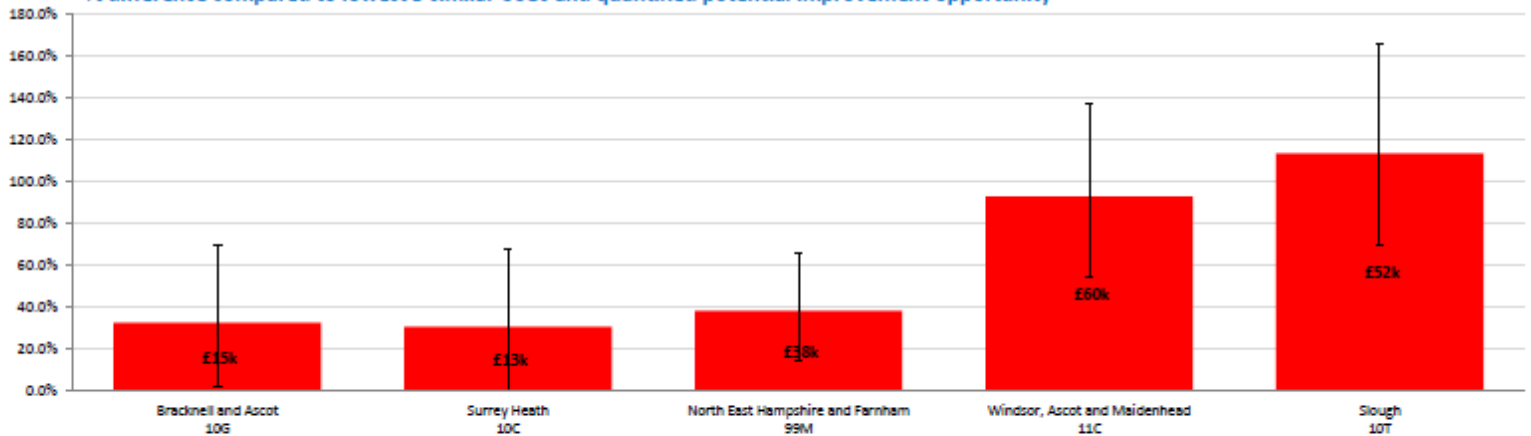
Spend on NEL admissions for collapse >75+

Syncope and collapse (R55X): Spend on non-elective admissions for people aged 75+ per 1,000 age-sex weighted population - 2016/17

£179k



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



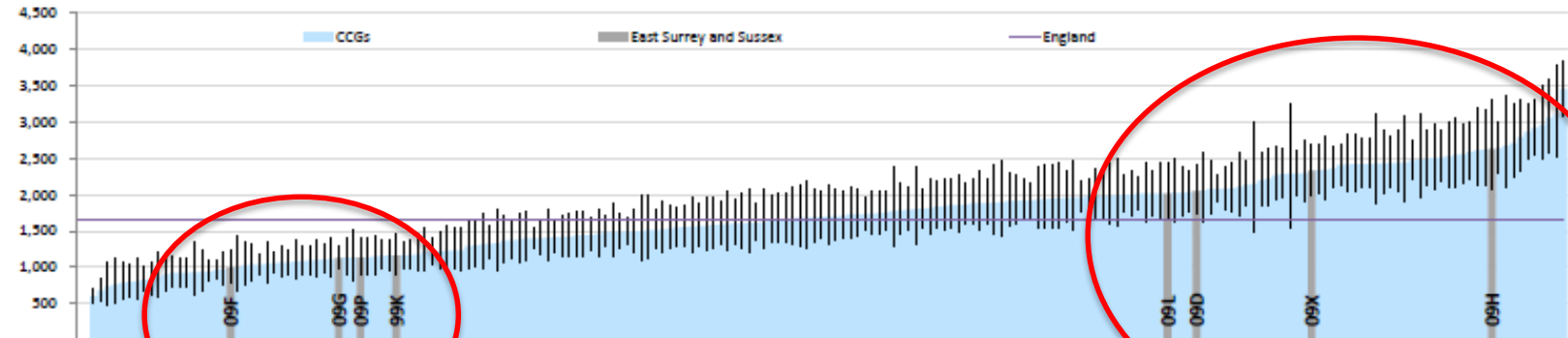
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
 Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

Frimley Health

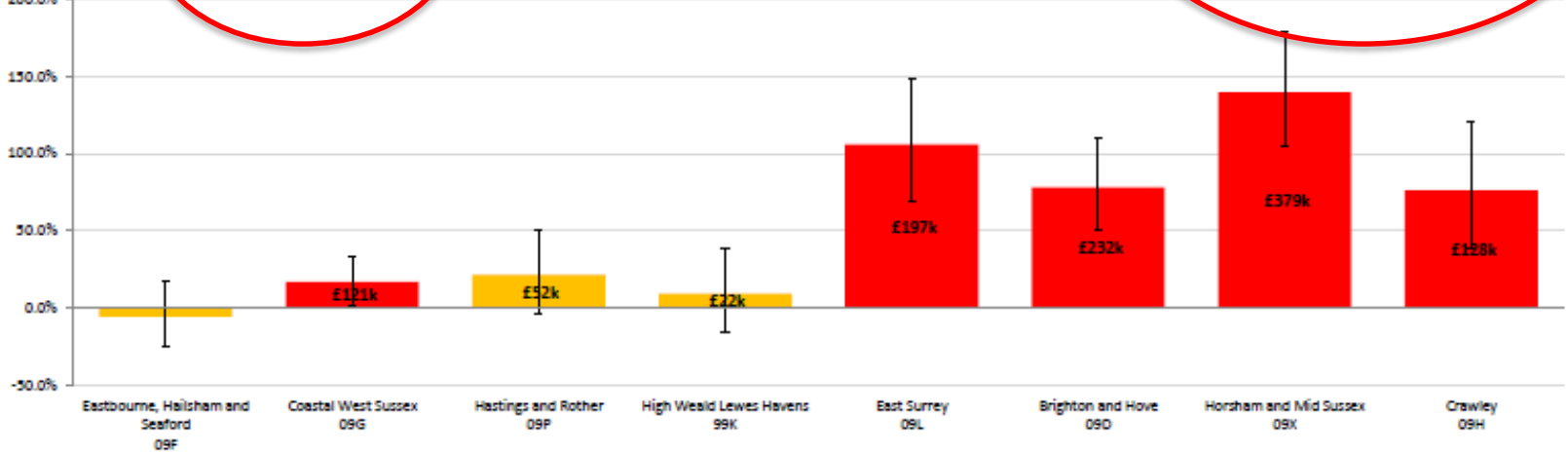
Aspiration pneumonia NEL

Aspiration pneumonia: Spend on non-elective admissions per 1,000 age-sex weighted population - 2016/17

£1,058k



% difference compared to lowest 5 similar CCGs and quantified potential improvement opportunity



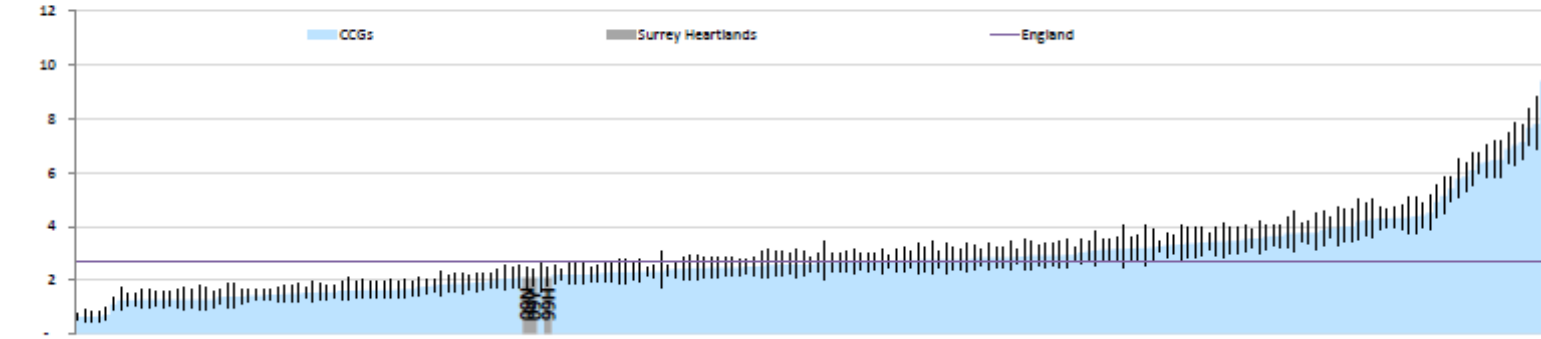
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: National Commissioning Data Repository - Secondary Uses Service (SUS Plus)

East Surrey and Sussex

Offered rehab following D/C from hospital RightCare

Proportion of older people (aged 65+) offered rehabilitation following discharge from acute or community hospital - 2016/17

270 Pats.



% difference compared to highest 5 similar CCGs and quantified potential improvement opportunity



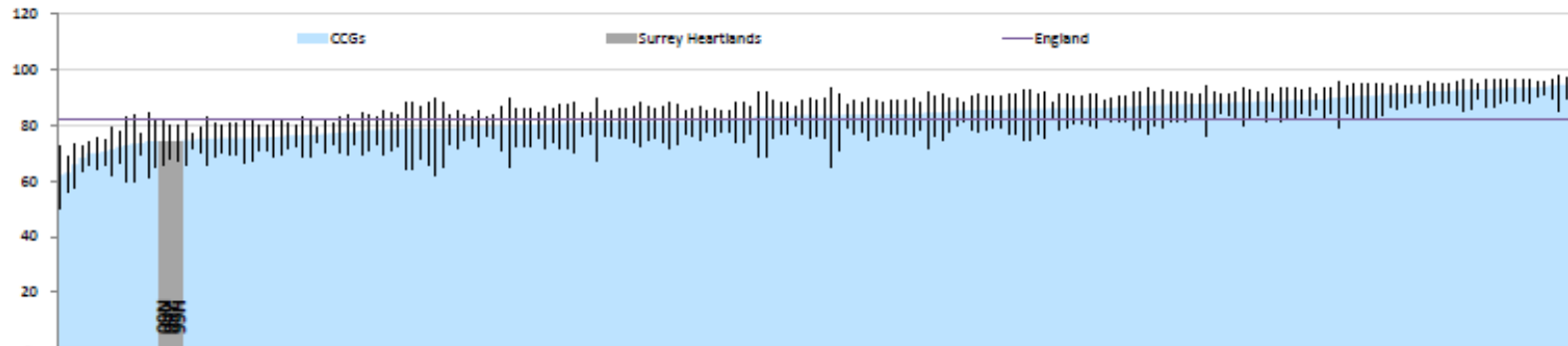
STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: NHS Digital

Surrey Heartlands

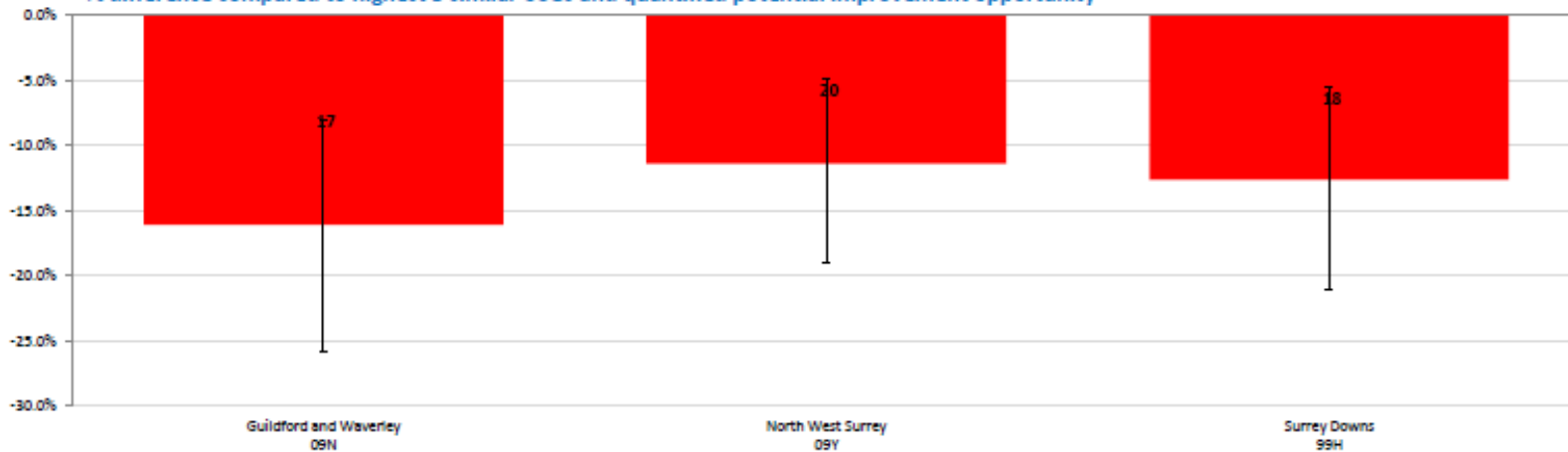
Still at home 91 days after D/C into rehab

Proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - 2016/17

54 Pats.



% difference compared to highest 5 similar CCGs and quantified potential improvement opportunity



STP Opportunity calculated by summing the CCGs with statistically significant opportunities
Source: NHS Digital

Surrey Heartlands

NHS RightCare intelligence for frailty - stakeholders

Following initial engagement with NHS England's NCD for Older People (Martin Vernon) and Associate NCD for Older People (Dawn Moody), participants in upcoming engagement events for NHS RightCare's intelligence development work for frailty will also include representatives from:

- NHS Improvement's Getting It Right First Time programme - Geriatric Medicine workstream
- Public Health England
- National Institute for Health and Care Excellence
- Association of Directors of Adult Social Services
- Chartered Society of Physiotherapy
- Royal College of Speech & Language Therapists
- Age UK
- Subject matter experts in Pharmacy in the care of older people.



For more information and support about how to use the NHS RightCare approach to get best value for your population, go to www.rightcare.nhs.uk or email us at rightcare@nhs.net

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