

Update on GIRFT

VSGBI Meeting, Glasgow
November 2018

Michael Horrocks, Clinical lead Vascular GIRFT



Introducing GIRFT

- Led by **clinicians** who are expert in the areas they are reviewing
- **Innovative use of data sets** to identify unwarranted variations in the way services are delivered
- **Peer to peer engagement** helping clinicians and managers to identify and deliver changes that will improve care and deliver efficiencies.
- Support across trusts, CCGs and STPs to drive **locally designed improvements** and to share **best practice** across

- ✓ Improved patient outcomes, experience & safety
- ✓ Re-empowered clinicians
- ✓ Improved bed capacity
- ✓ Overall improvement in trust balance sheets
- ✓ Significant resource savings



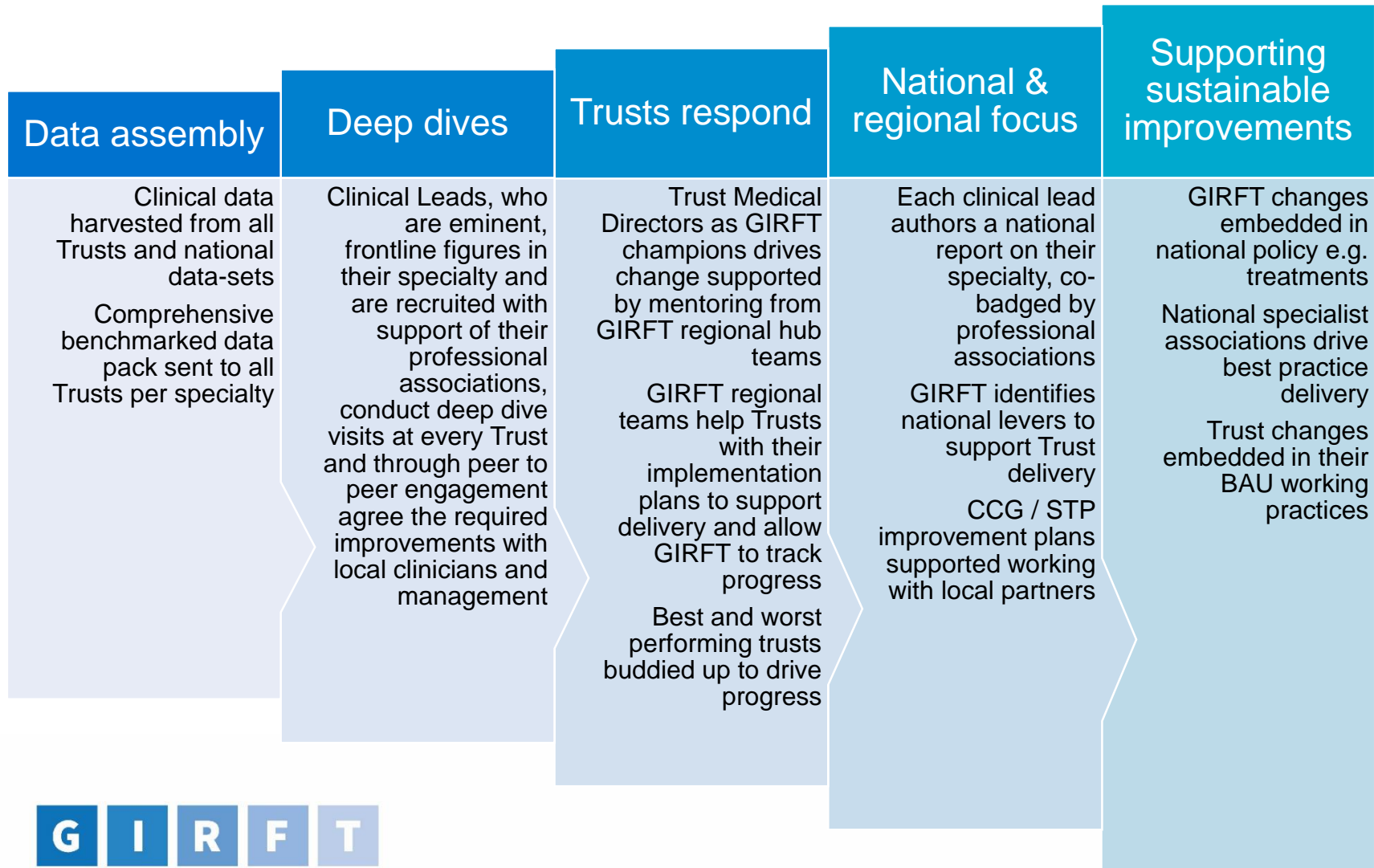
Programme Objective

A clinically led programme implementing recommendations locally and nationally across 35 clinical specialties to reduce unwarranted variation, improve the quality of **patient outcomes** and deliver **operational productivity improvements** that translate into **resource savings** of £3-400m in 17-18 and c.£1.4bn p.a. by 20-21 (c.£3-4bn cumulative 2017-21).

Clinical Improvements

- Reduction in average length of stay and increased same day admission for elective surgery
- Reduction in post-op infection/complications and readmission
- Clear policy guidelines for a basket of major treatments & improved selection of surgical implants
- Standardisation of what is meant by best practice & discussion on appropriate levels of clinical autonomy
- Improved surgical success rates by consolidating complex cases among high-volume hubs
- QIF for ischaemic feet
- Improved provision of out of hours imaging for emergency cases
- Reduction in surgery that has poor proof of efficacy
- Strengthened 'front door' with senior surgical input to reduce unnecessary emergency admissions.

GIRFT methodology



GIRFT Regional Hubs



- The 7 GIRFT Regional Hubs, formed last autumn, have all gone live.
- They are providing systematic support for each trust in their region to deliver the priorities agreed with the GIRFT clinical lead for each specialty.
- Each trust will have a signed off GIRFT implementation plan in place by late autumn 2018
- They are increasingly collaborating with NHSI/E and Op Prod regional teams in a 'one team' operating model.
- They are starting to deliver joined up support at STP level alongside NHSE RightCare and Elective Care Transformation programmes
- This includes developing a single diagnostic and tailored support offer for STP Boards to be rolled out this autumn.
- The hubs are also planned to support the local roll out of other national programmes including NHSI's theatres utilisation programme, and NHSE's Evidence Based Interventions programme.



South West England Hub Implementation Team



Hub Director Clinical
Eiri Jones

Ambassadors
Mike Horrocks (44 days)
David Richmond (88 days)
Mike Hutton (44 days)



Implementation Managers (locality based)



Bernadette Knight
Central Cluster



Paula Luke
Central Cluster



Mandy Foster
Central Cluster



Carole Crocker
North Cluster



Sabrina McAndrew
North Cluster



Martin Greenslade
South Cluster



Katy Sorrell
South Cluster

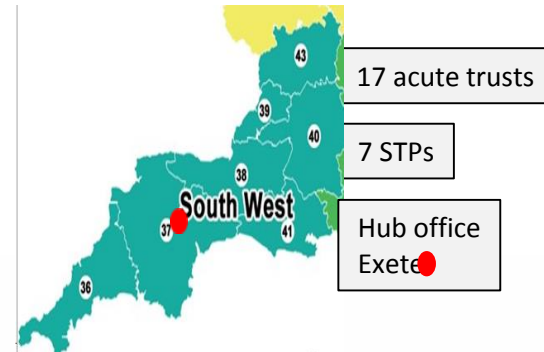
Information Manager
Martin Bloyce



Communications Manager
Madeleine Taggart-Edwards

Hub Administrator

Mel Turner



GETTING IT RIGHT FIRST TIME

Cross-cutting clinical projects setting up

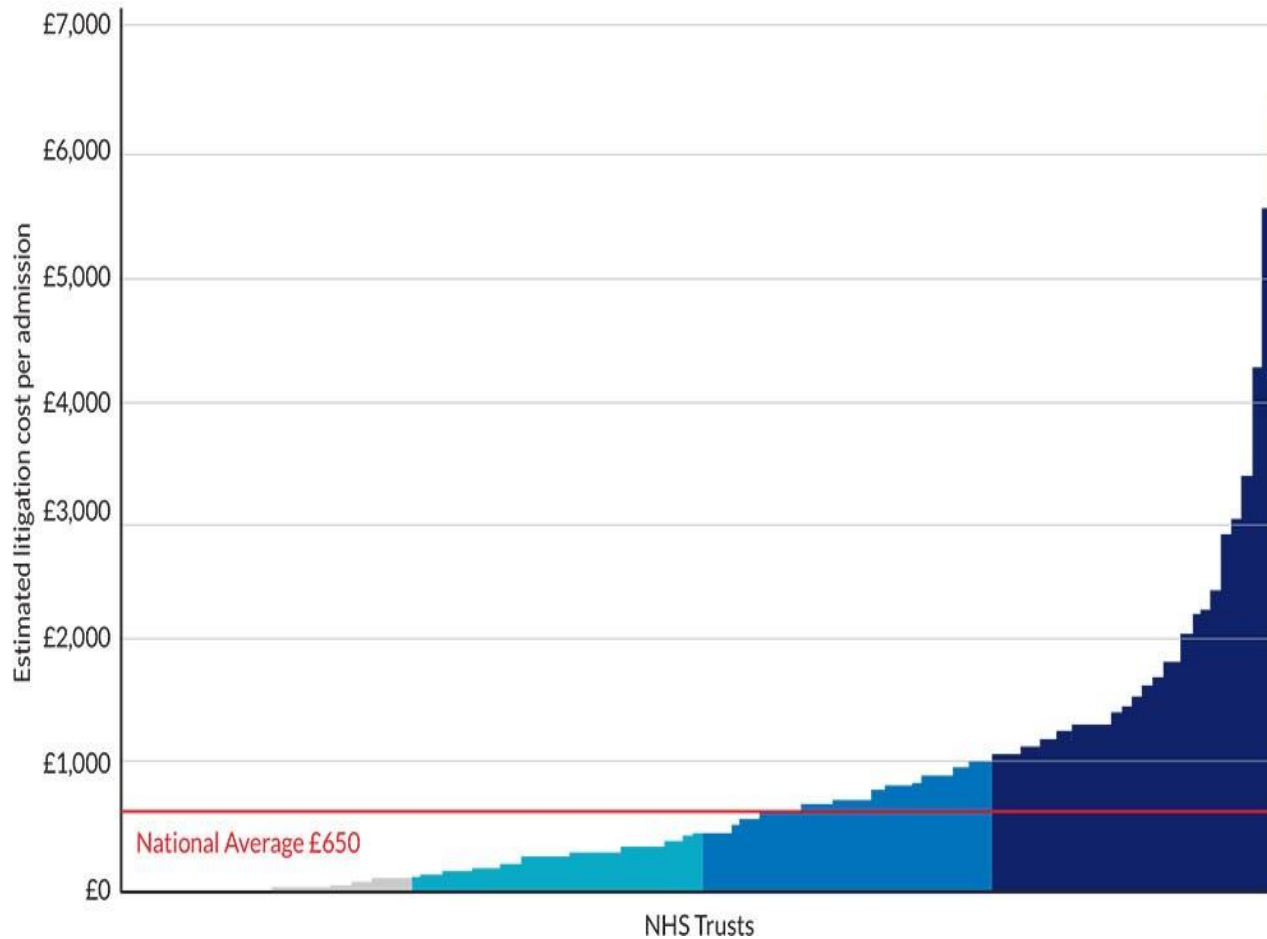
- GIRFT is delivering 35 workstreams, occurring concurrently at different stages.
- Core focus is on peer to peer engagement within specialties, but to maximise improvement opportunities we also need to focus on patient pathways and services that cross specialty boundaries.
- GIRFT is therefore delivering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



Figure 19: Variation in vascular surgery estimated litigation costs per admission between English trusts, NHS Resolution (denominator includes day case, elective and emergency admission for major vascular surgery [excluding varicose vein procedures] for patients of all ages) 01-Apr-2012 to 01-Mar-2017



Key findings of Vascular Report

- Variation in demand, supply, treatment choices, outcomes and costs
 - Too many patients needing urgent surgery facing long or uncertain waits
 - Inconsistency between providers, leading to variation in waiting times, mortality rates for specific procedures, readmission rates, length of stay, cost etc.
- Examples include:
 - Carotid endarterectomy – NICE guidance requires 14 days from diagnosis to treatment. 18 providers not meeting the guidance, but 2 providers delivered waits of 5 days
 - Elective abdominal aortic aneurysm (AAA) repair – average wait time range between 35 and 145 days

Overview of recommendations

- Hub and spoke network model, driving
 - Faster treatment – Urgent Care Model
 - Reduction in variation between providers through 6/7 day working, with more surgeons available at the hub location
 - Sustainable workforce
 - Sustainable rotas for Open and Endovascular Surgery
 - Higher quality data
 - Reduce costs
 - Pooling of budgets to support investment in (for example) CT scanners, hybrid theatres
 - Improved procurement
 - Reduced costs of litigation

Current findings - overview



- 30 of 68 Trusts providing arterial surgery clearly have 24/7 cover (6 or more surgeons, 4 or more IR consultants and arrangements that mean on-call covers only one IP vascular centre)
- 52 of 64 Trusts offering AAA repair did more than the minimum 60
- 42 of 68 Trusts offering CEA did more than the minimum 40
- Taken together, the findings imply that 40 of 66 Trusts offering arterial surgery will need either to change their practices or undergo a service change process to centralise services in order to become compliant with the NHS England service specification



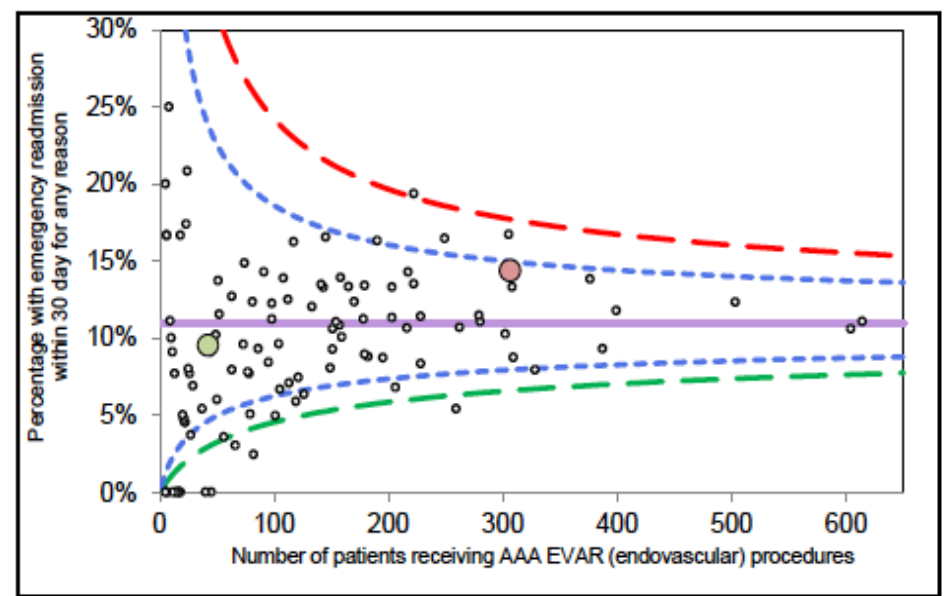
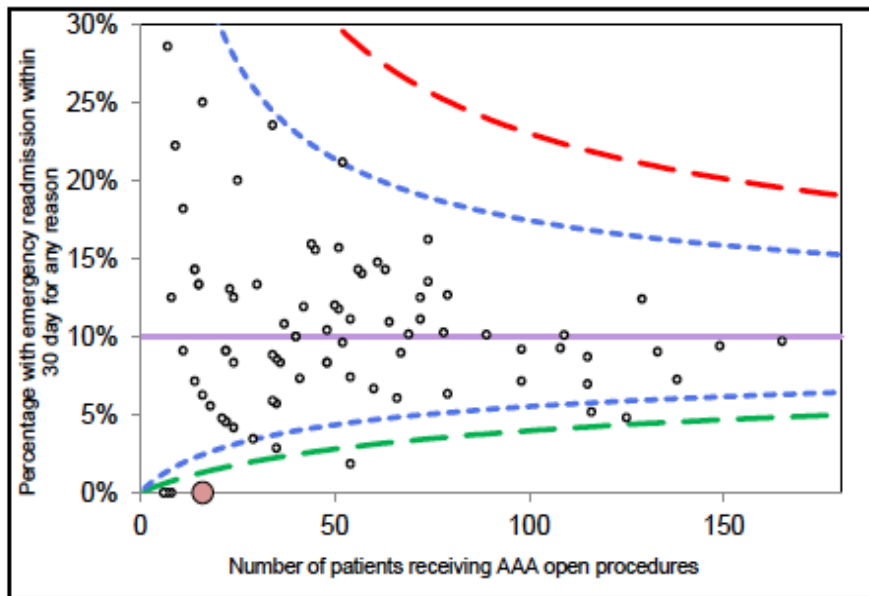
AAA - Emergency readmission within 30 days of discharge (3-years of HES data)

AAA open procedure - % patients with emergency readmission within 30 days for any reason.

Source and Year: HES: Original admission Apr '12 – Dec '14; Readmission Apr '12 – Mar '15

AAA endovascular procedure - % patients with emergency readmission within 30 days for any reason

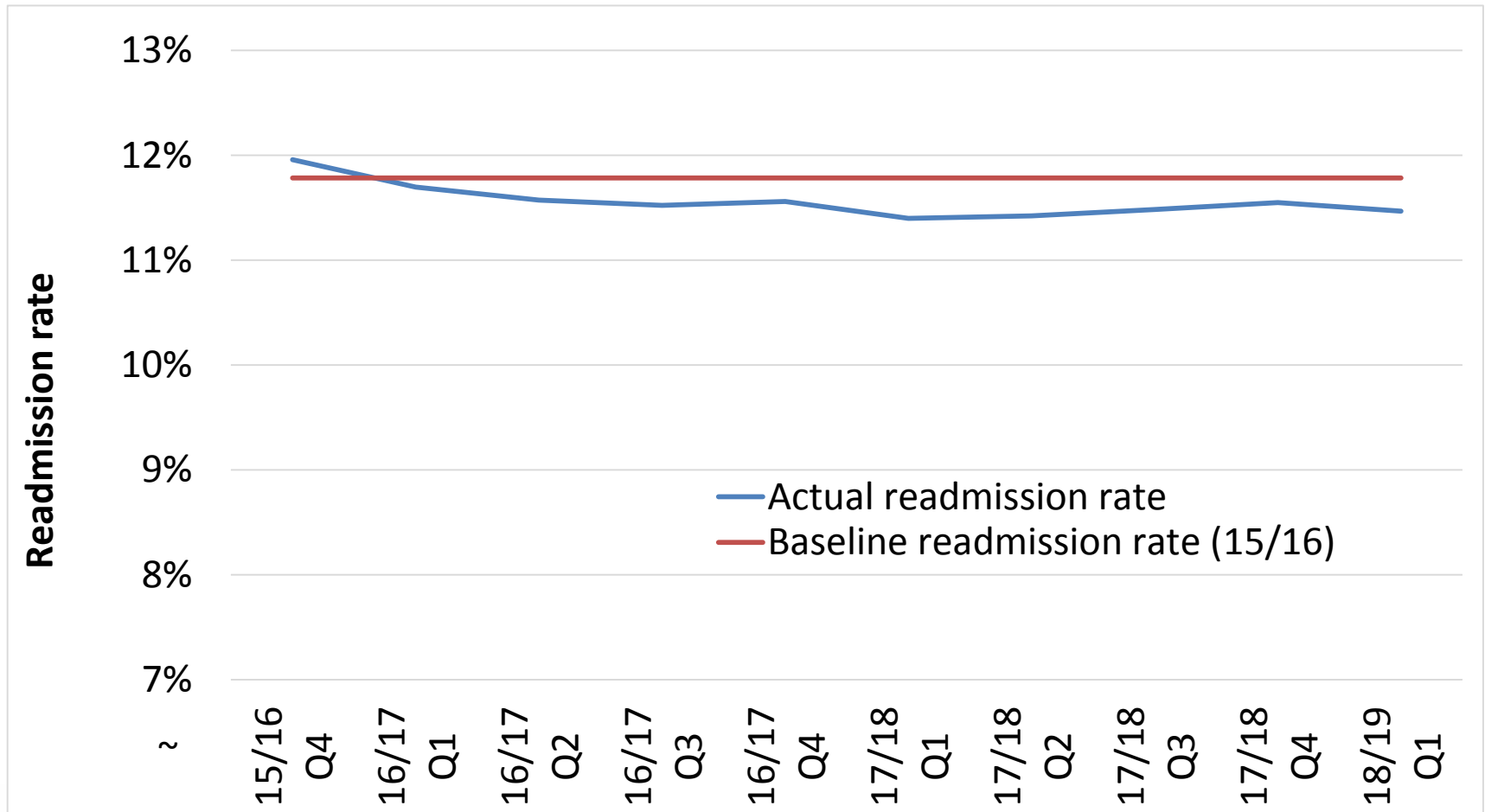
Source and Year: HES: Original admission Apr '12 – Dec '14; Readmission Apr '12 – Mar '15



Note: Only includes Trusts with at least 5-admissions for the index procedure.

Red circle = Your Trust; Green circle – Nearby Trusts (see page 6).

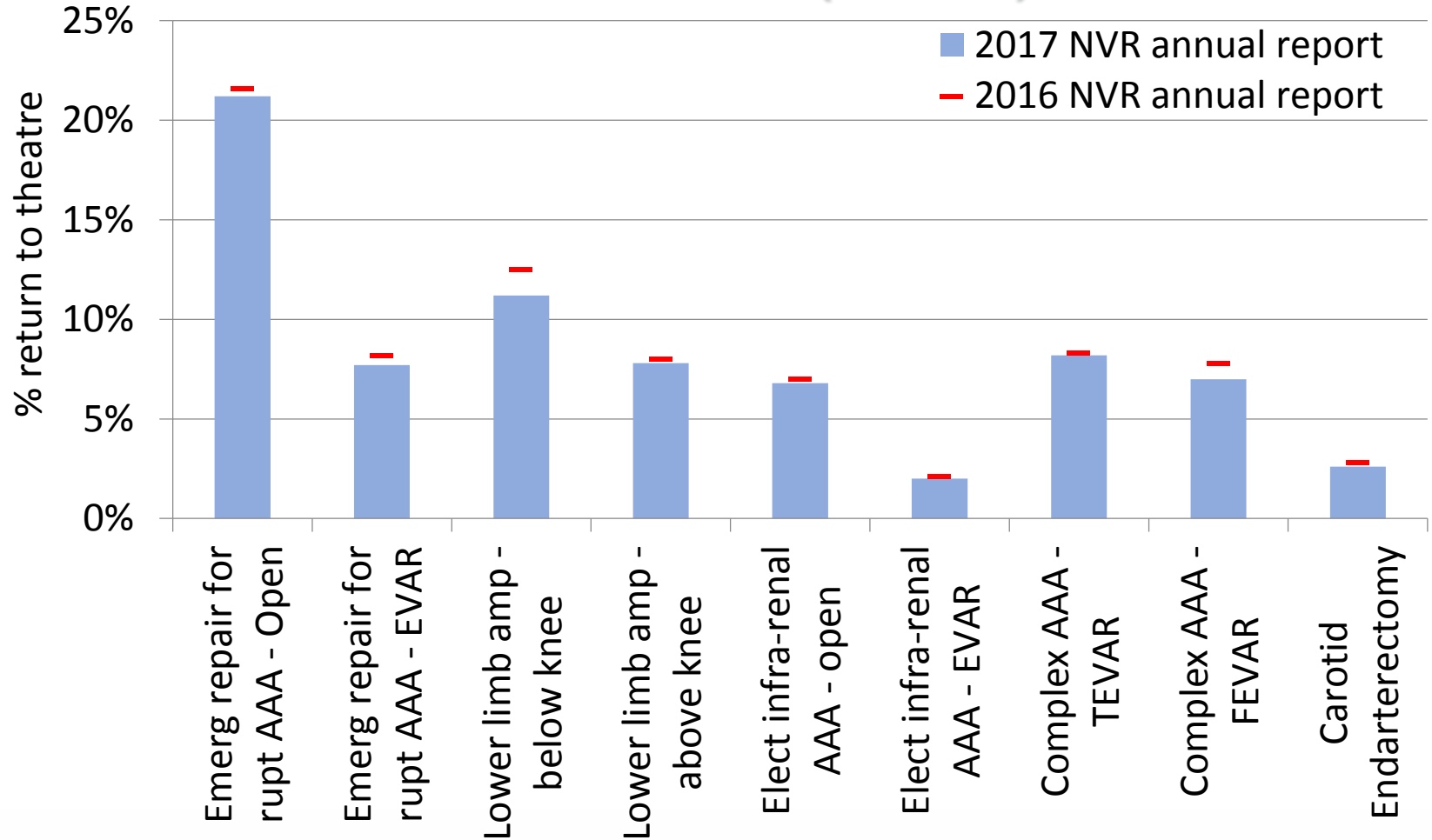
AAA emergency readmission %



% Return to theatre (NVR) - table

% Return to Theatre	2016 NVR annual report	2017 NVR annual report	% change (compared to 2016 report)
Emergency repair for ruptured AAA	Jan 13 - Dec 15	2014-2016	
Open	21.6%	21.2%	-1.9%
EVAR	8.2%	7.7%	-6.1%
Lower limb amputation	2014-2015	2015-2016	
Below knee	12.5%	11.2%	-10.4%
Above knee	8.0%	7.8%	-2.5%
Elective infra-renal AAA	2015	2016	
Open	7.0%	6.8%	-2.9%
EVAR	2.1%	2.0%	-4.8%
Complex AAA	2014-15	2014-2014	
TEVAR	8.3%	8.2%	-1.2%
FEVAR	7.8%	7.0%	-10.3%
Carotid Endarterectomy	2013-2015	2014-2016	
	2.80%	2.60%	-7.1%

% Return to theatre (NVR) - chart

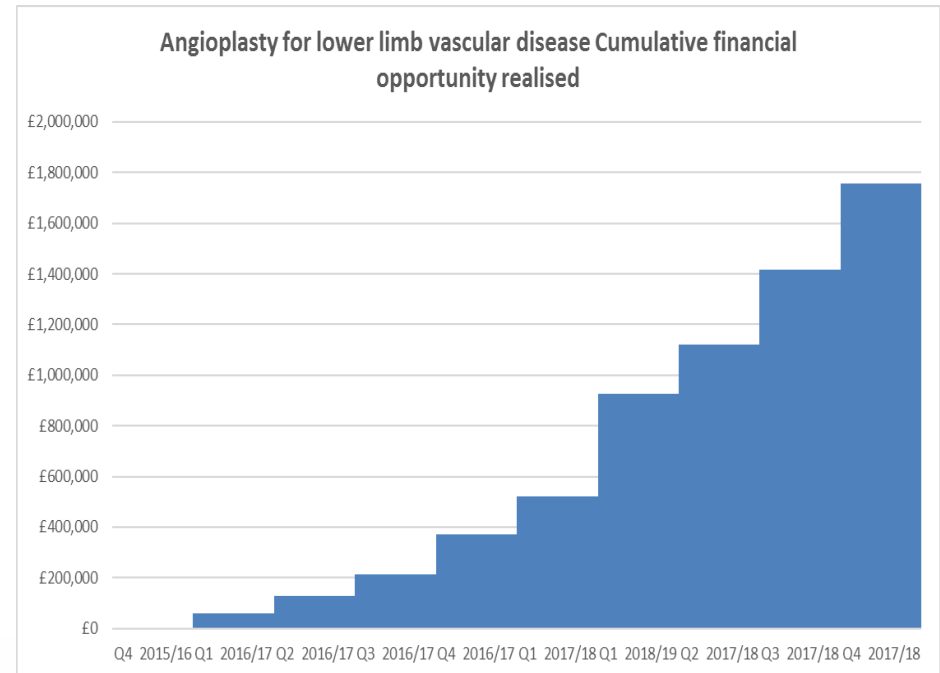
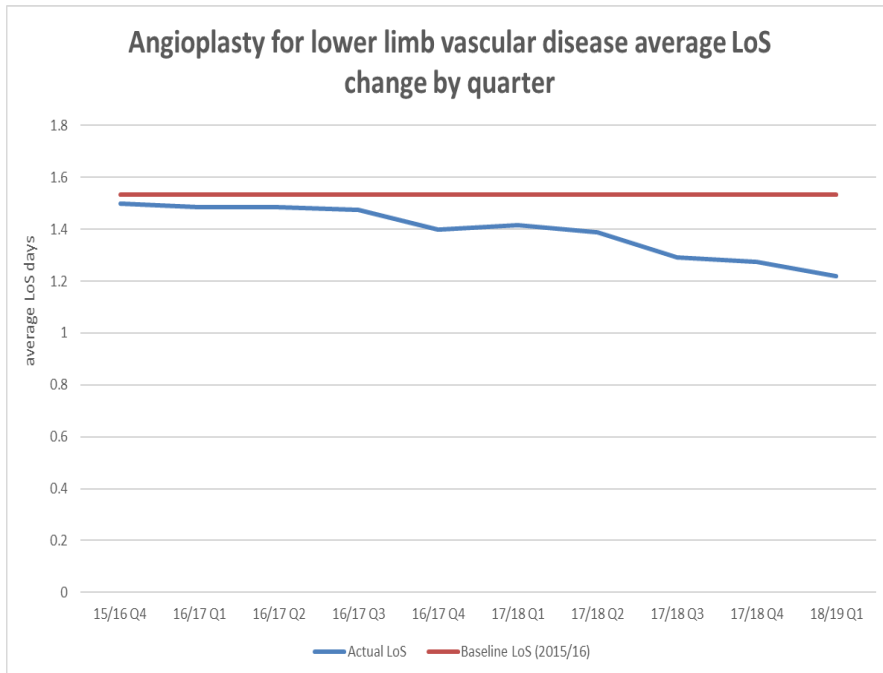


Angioplasty for lower limb vasc disease

Reduction in length of stay 0.28 days
(18.8%)

Cumulative bed days saved: 5314 days
(Apr 16 – Jun 18)

Cumulative financial opportunity
realised: £1.8m (Apr 16 – Jun 18)

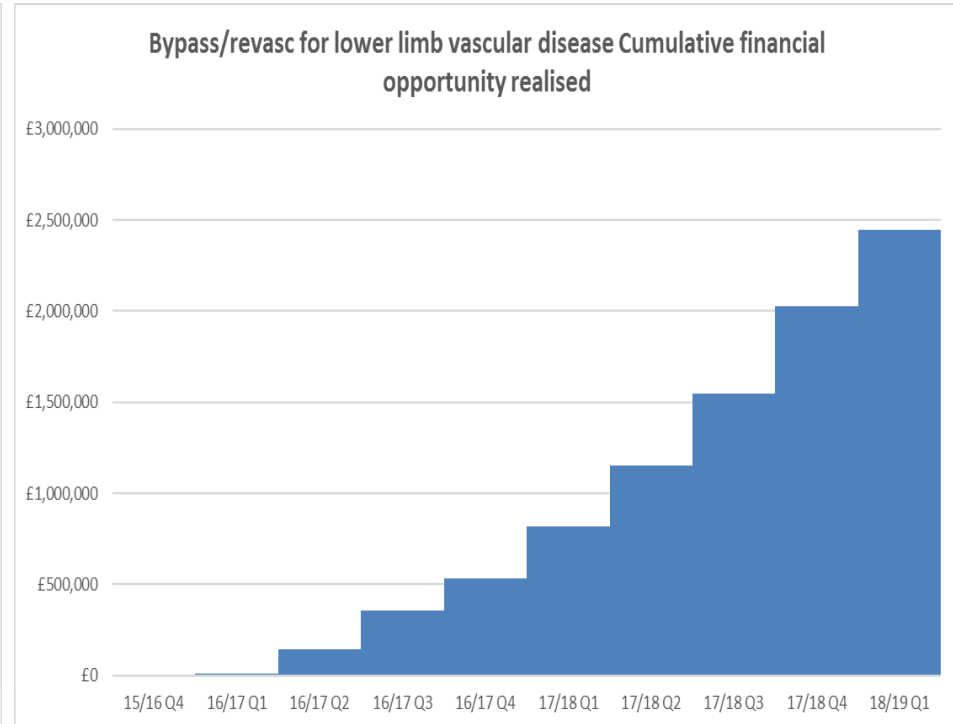
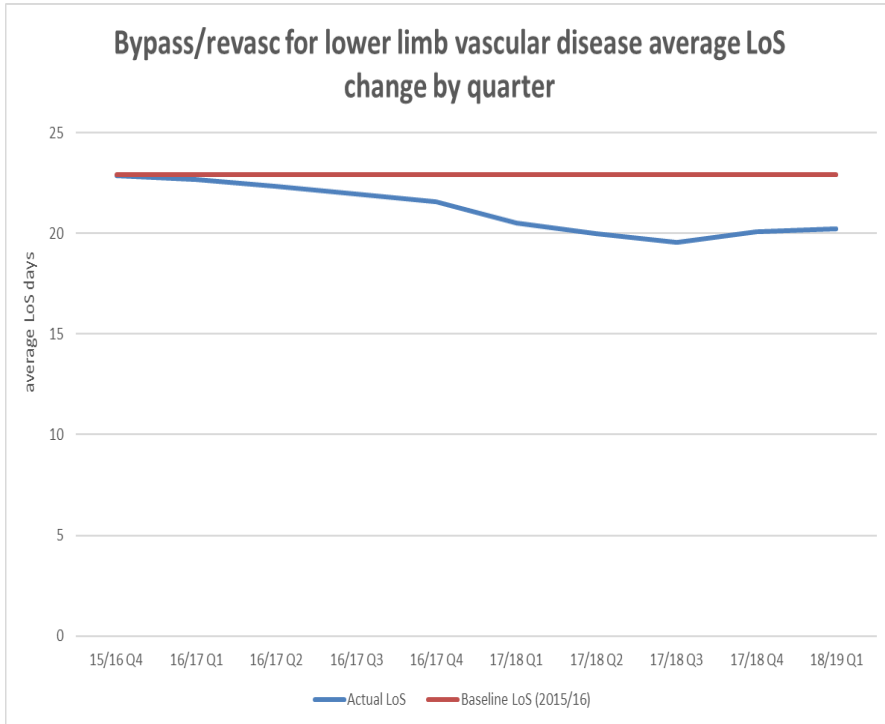


Bypass/revasc for lower limb vasc disease

Reduction in length of stay 2.67 days
(11.7%)

Cumulative bed days saved: 7887 days
(Apr 16 – Jun 18)

Cumulative financial opportunity
realised: £2.5m (Apr 16 – Jun 18)

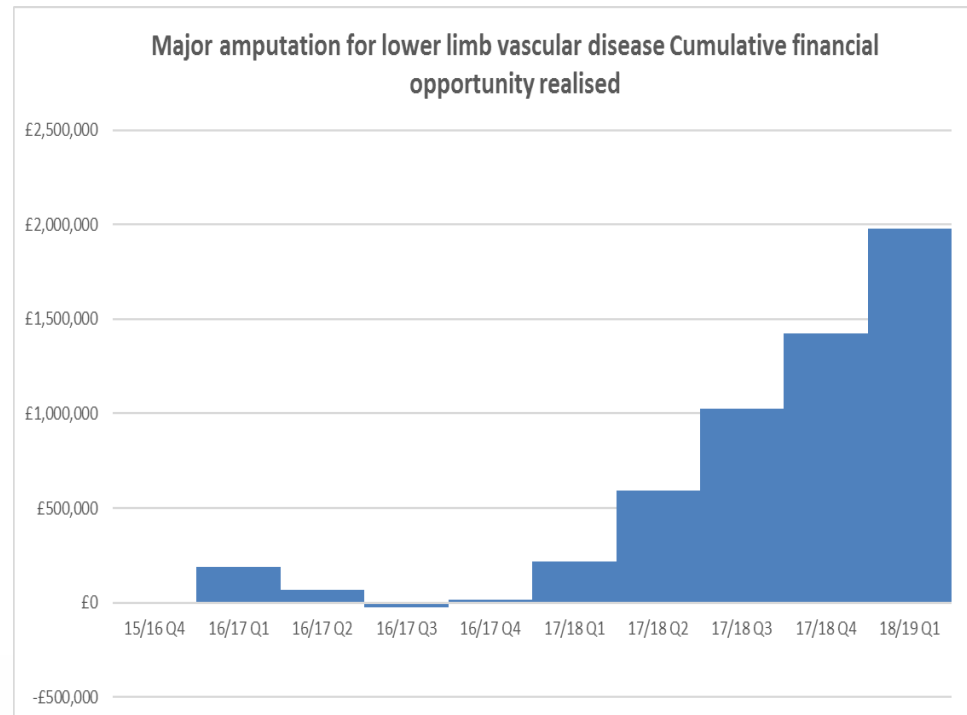
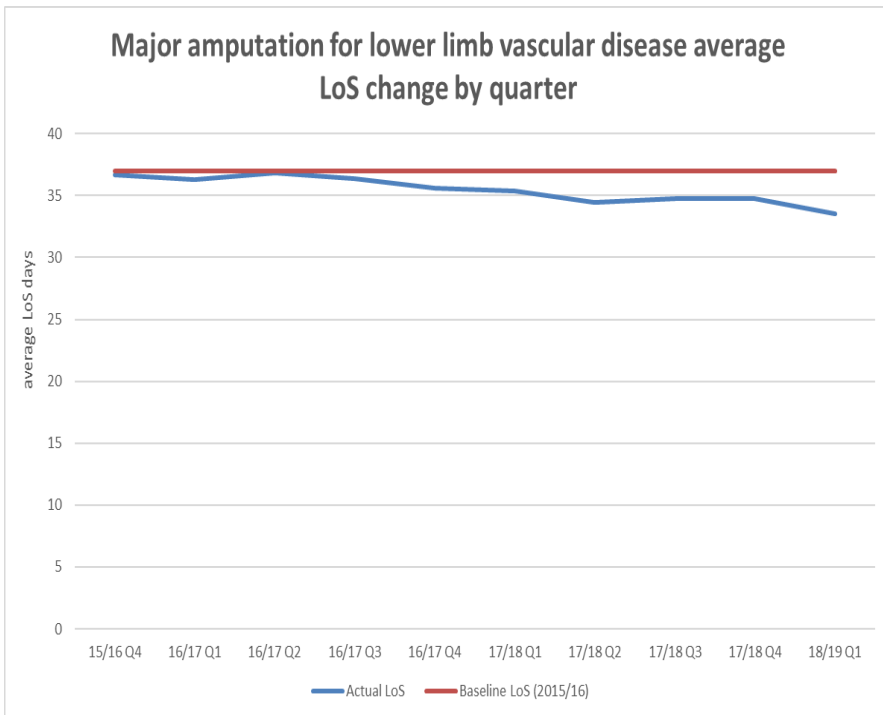


Major amputation for lower limb vasc dis

Reduction in length of stay 3.13 days
(8.5%)

Cumulative bed days saved: 7896 days
(Apr 16 – Jun 18)

Cumulative financial opportunity
realised: £2m (Apr 16 – Jun 18)

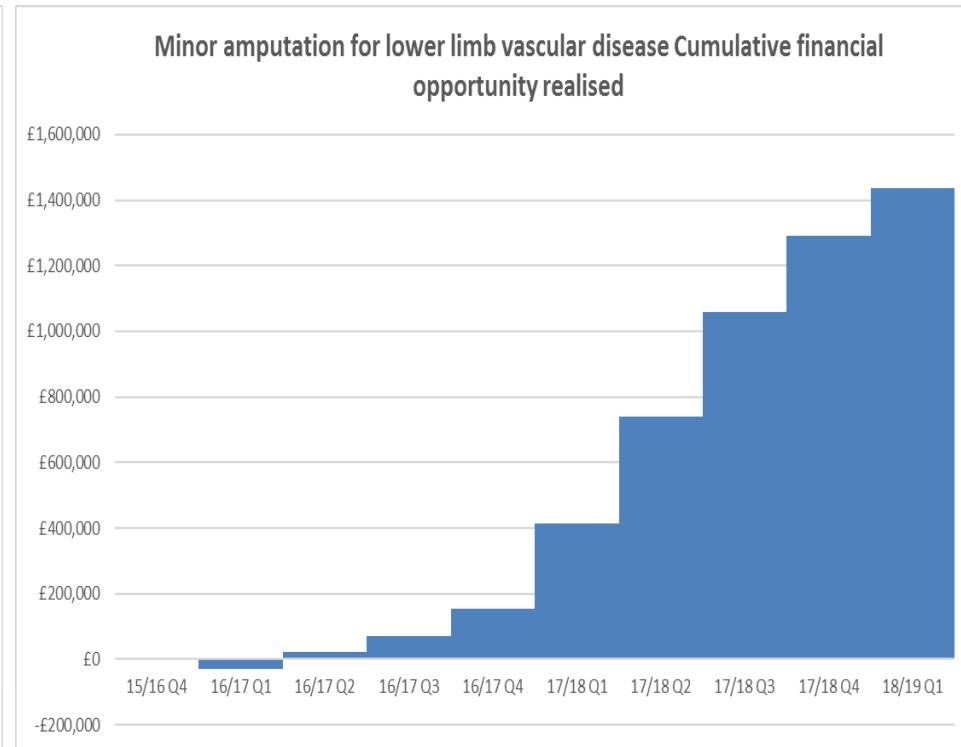
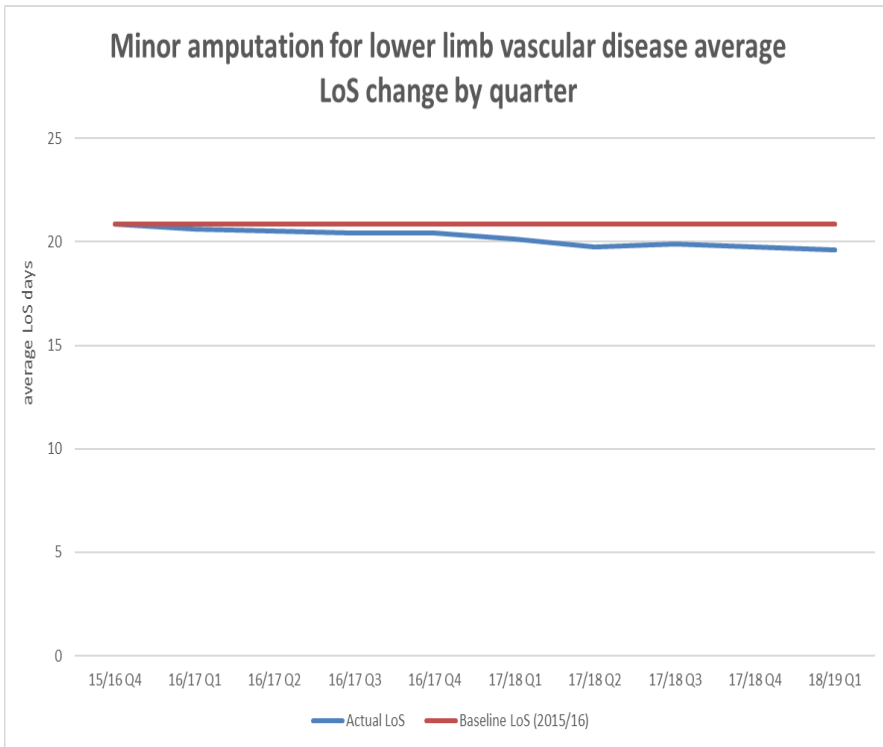


Minor amputation for lower limb vasc dis

Reduction in length of stay 1.28 days
(6.1%)

Cumulative bed days saved: 5374 days
(Apr 16 – Jun 18)

Cumulative financial opportunity
realised: £1.5m (Apr 16 – Jun 18)

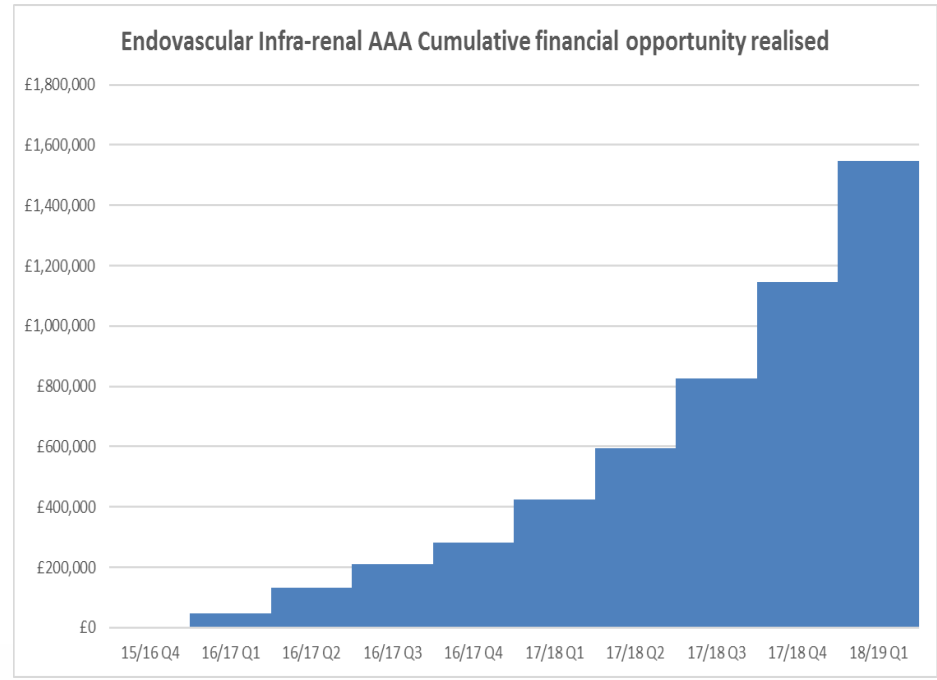
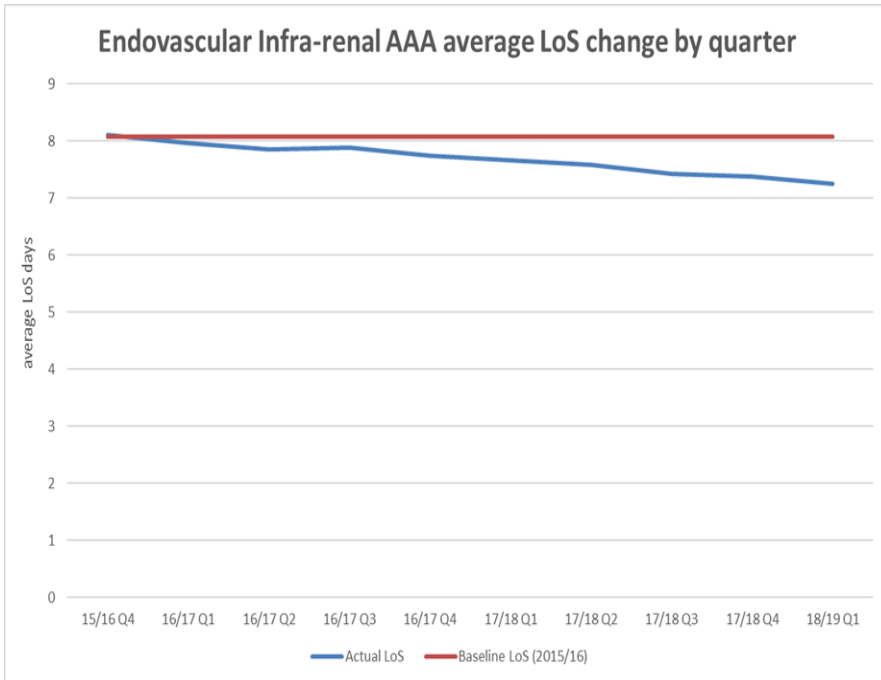


Endovascular Infra-renal AAA

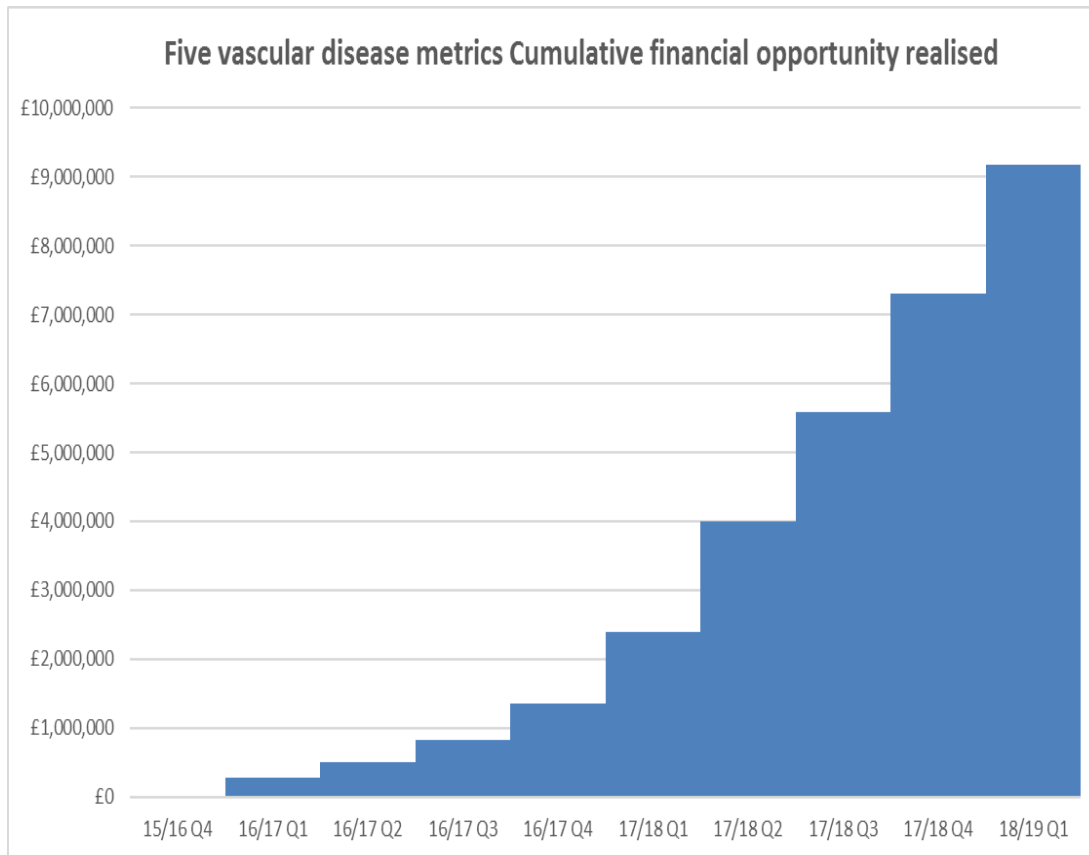
Reduction in length of stay 0.85 days
(10.5%)

Cumulative bed days saved: 4428 days
(Apr 16 – Jun 18)

Cumulative financial opportunity
realised: £1,5m (Apr 16 – Jun 18)



Total cumulative financial opportunities on 5 length of stay metrics



- Bed days saved: 30,899 days
- Financial opportunity realised: £9,169,083

(Apr-16 – Jun-18)

Next Steps

- New Data Set
- Joint Vascular Implementation Board
- Respond to Requests for help
- Repeat Deep Dives by Region
- Help with New Networks
- Help Rationalise Complex Aneurysms
- Share Best Practice
- Procurement and NVR
- SSI review

GIRFT clinical workstream schedule

Wave	Workstream Start date	Data packs to Trusts	Workstreams	Total
1	2012	Received	Orthopaedics	1
2	Jan-15	Received	General Surgery, Spinal, Vascular, Cranial Neurosurgery	5
3	Jan-16	Received	Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral & Maxillofacial, Obstetrics & Gynaecology	12
4	May-17	Received	Emergency Medicine	13
5	Jul-17	Received	Hospital Dentistry, Breast Surgery, Diabetes, Endocrinology	17
6	Sep-17	Sep-18	Radiology, Intensive & Critical, Anaesthetics & POM, Cardiology	21
7	Nov-17	Nov 18 - Jan 19	Acute & General Medicine, Renal, Stroke	24
8	Jan-18	Dec-18	Neurology, Geriatrics, Respiratory, Dermatology	28
9	Mar-18	Jan-19	Rheumatology	29
10	Apr-18	Feb-19	Outpatients, Gastroenterology	31
11	May-18	Mar-19	Pathology	32
12	Jul-18	May-19	Plastics/Burns	33
13	Aug-18	Jun-19	Mental Health-Locked Rehab	34
14	Jan-19	Nov-19	Trauma	35
15	TBC		Mental Health- CAMHS, Mental Health- Acute Adults, Paediatric medicine, Oncology	39



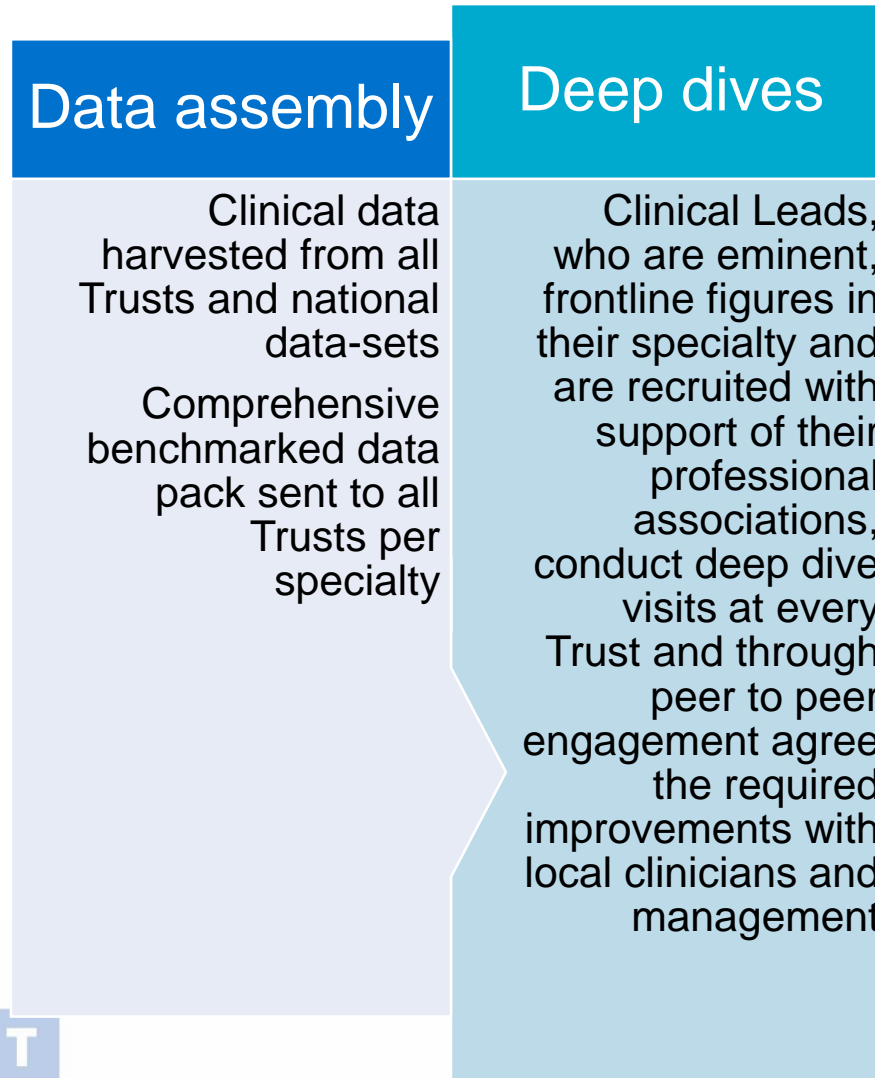
GIRFT methodology

Data assembly

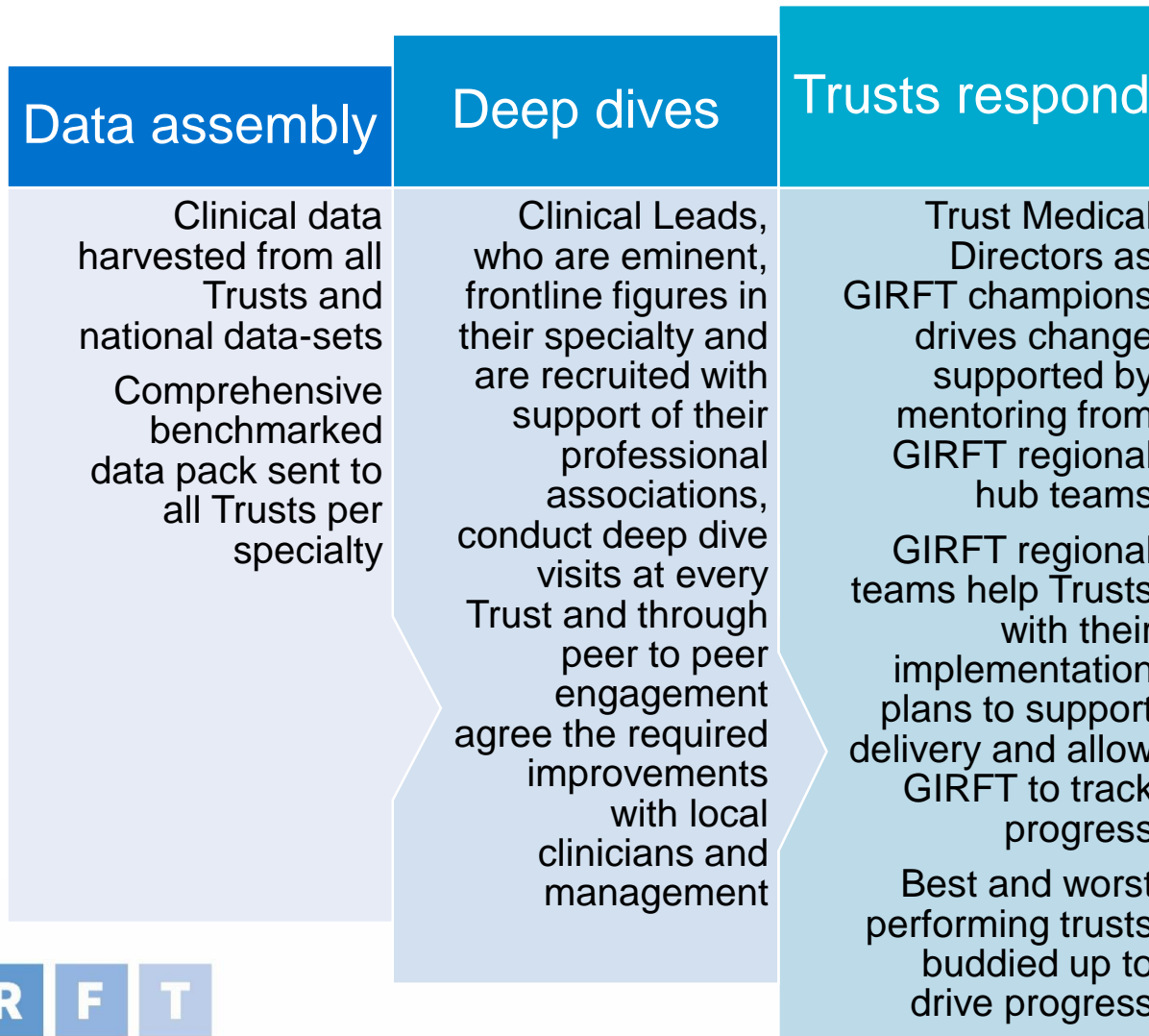
Clinical data harvested from all Trusts and national data-sets

Comprehensive benchmarked data pack sent to all Trusts per specialty

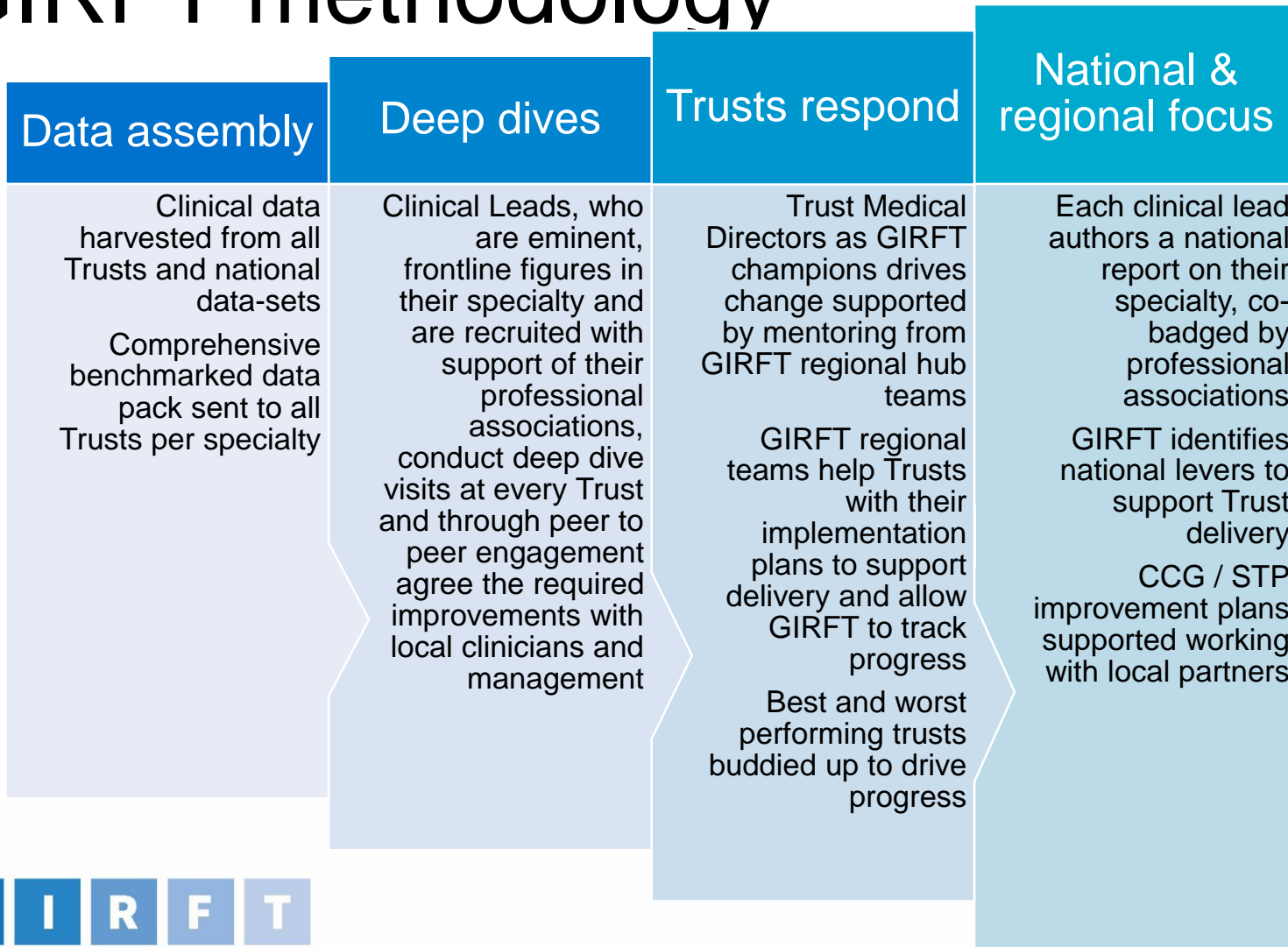
GIRFT methodology



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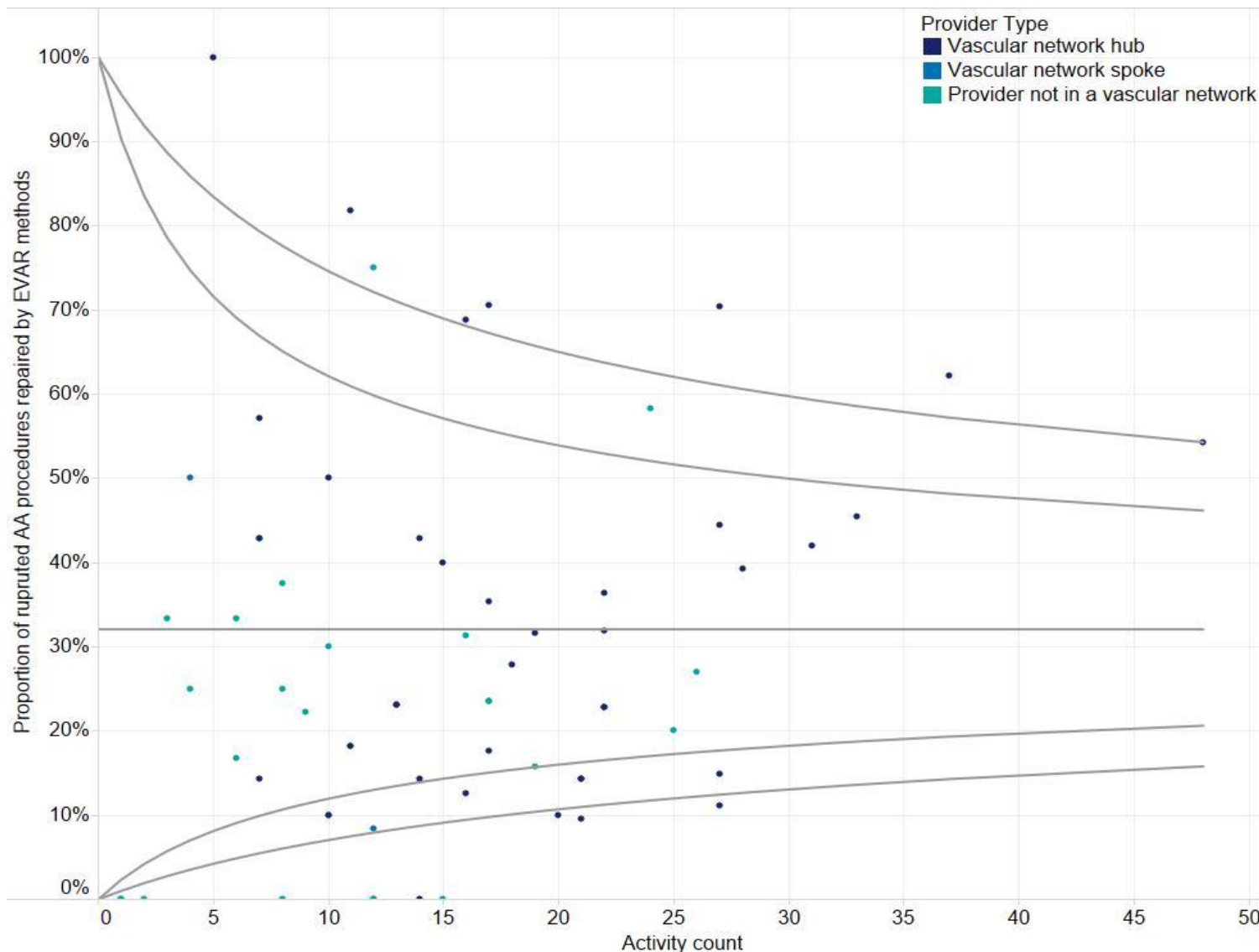
GIRFT methodology



Proportion of all ruptured (emergency) AAA procedures that are repaired by EVAR by provider and provider type 01-Apr-2014 to 31-Mar-2015



Improvement



AAA - Average length of stay (HES data)

<p>Elective AAA open procedure – average length of stay (days) Source and Year: HES April 2013 – March 2015</p>	<p>Elective AAA endovascular (EVAR) procedure – average length of stay (days) Source and Year: HES April 2013 – March 2015</p>																																																
<table border="1"> <caption>Elective AAA open procedure – average length of stay (days)</caption> <thead> <tr> <th>Length of stay (Days)</th> <th>Trust data</th> <th>Expected (if Trust was identical to the England average)</th> </tr> </thead> <tbody> <tr> <td>0-2 Days</td> <td>1</td> <td>0.5</td> </tr> <tr> <td>3-5 Days</td> <td>1</td> <td>4</td> </tr> <tr> <td>6-8 Days</td> <td>18</td> <td>13</td> </tr> <tr> <td>9-11 Days</td> <td>6</td> <td>6</td> </tr> <tr> <td>12-14 Days</td> <td>2</td> <td>3</td> </tr> <tr> <td>15-17 Days</td> <td>0</td> <td>1.5</td> </tr> <tr> <td>18+ Days</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Length of stay (Days)	Trust data	Expected (if Trust was identical to the England average)	0-2 Days	1	0.5	3-5 Days	1	4	6-8 Days	18	13	9-11 Days	6	6	12-14 Days	2	3	15-17 Days	0	1.5	18+ Days	2	3	<table border="1"> <caption>Elective AAA endovascular (EVAR) procedure – average length of stay (days)</caption> <thead> <tr> <th>Length of stay (Days)</th> <th>Trust data</th> <th>Expected (if Trust was identical to the England average)</th> </tr> </thead> <tbody> <tr> <td>0 days</td> <td>2</td> <td>3</td> </tr> <tr> <td>1-2 Days</td> <td>63</td> <td>41</td> </tr> <tr> <td>3-4 Days</td> <td>22</td> <td>32</td> </tr> <tr> <td>5-6 Days</td> <td>14</td> <td>17</td> </tr> <tr> <td>7-8 Days</td> <td>3</td> <td>9</td> </tr> <tr> <td>9-10 Days</td> <td>2</td> <td>4</td> </tr> <tr> <td>11+ Days</td> <td>8</td> <td>9</td> </tr> </tbody> </table>	Length of stay (Days)	Trust data	Expected (if Trust was identical to the England average)	0 days	2	3	1-2 Days	63	41	3-4 Days	22	32	5-6 Days	14	17	7-8 Days	3	9	9-10 Days	2	4	11+ Days	8	9
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Figure 4: Activity counts of lower limb revascularisation procedures by procedure type, provider and provider type, HES 01-Apr-2014 to 31-Mar-2015

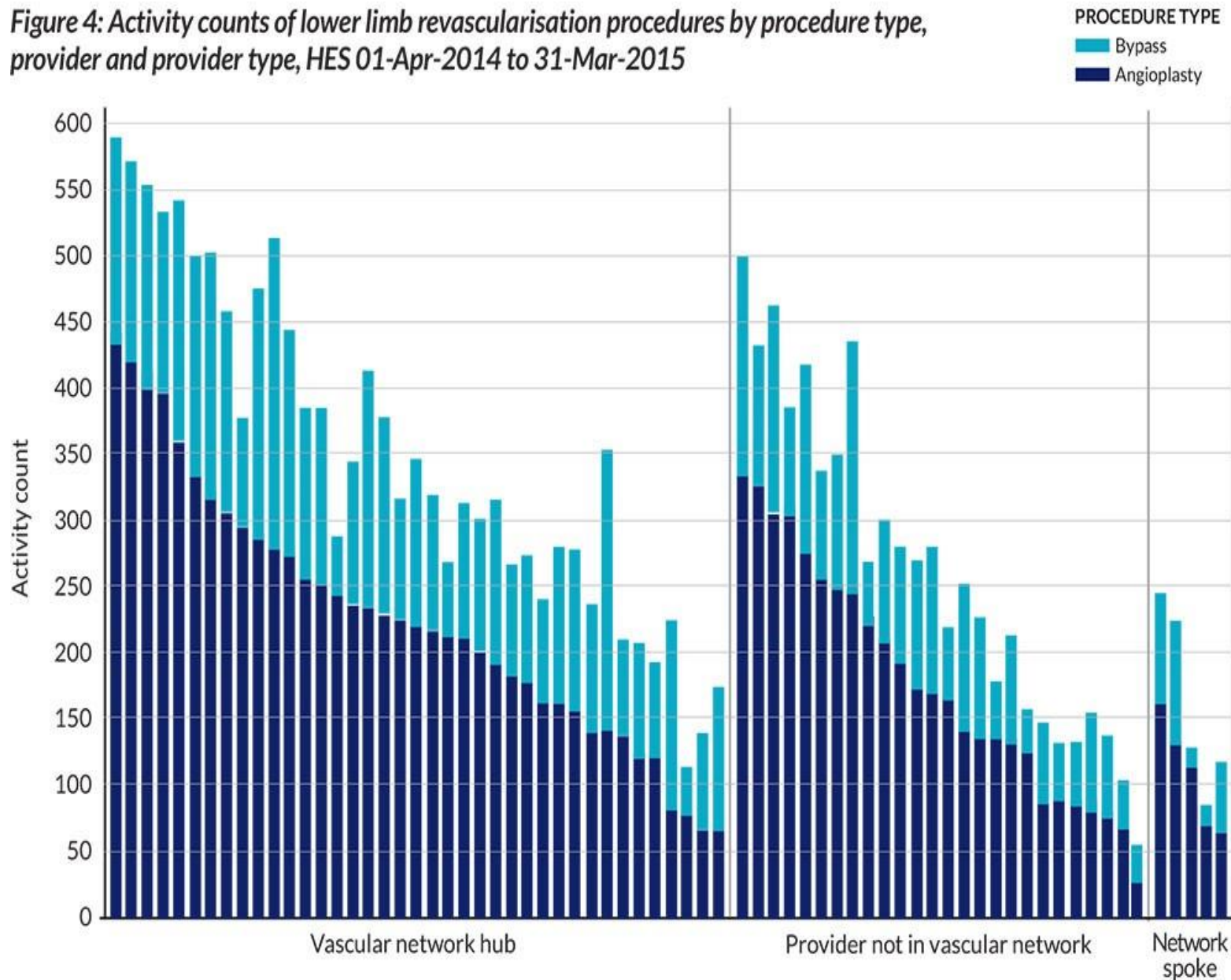


Figure 17: Patient count by post-surgical destination type post CEA procedure by provider, NVR 01-Jan-2014 to 31-Dec-2014

