



THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE
THE SOCIETY FOR ACUTE MEDICINE

Bournemouth International Centre
20 – 21 September 2018

Getting It Right First Time

Clinically-led programme, reducing variation and
improving outcomes

Introducing GIRFT

- Review of **35 clinical specialties** leading to national reports for each.
- Started in orthopaedics in 2012
- 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.

From pilot to national programme

GIRFT clinical leads are undertaking reviews of **35 clinical specialties (and maybe more)** to identify and reduce unwarranted variation and improve the quality of patient outcomes.

32

clinical workstreams are already underway

1100+

visits to trusts already completed by the clinical leads

3

remaining workstreams will all start by summer 2018

Workstream timetable

Wave	Workstream Start Date	Data packs to trusts	Workstreams	Total
1	2012	Received	Orthopaedics	1
2	Jan 2015	Received	General surgery, Spinal, Vascular, Neurosurgery	5
3	Jan 2016	Received	Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral & Maxillofacial, Obstetrics & Gynaecology	12
4	May 2017	Mar 2018	Emergency medicine	13
5	July 2017	May 2018	Dentistry, Breast surgery, Diabetes, Endocrinology	17
6	Sep 2017	Jul 2018	Cardiology, Imaging & Radiology, Intensive & Critical Care, Anaesthetics & Perioperative,	21
7	Nov 2017	Sep 2018	Renal, Acute & General medicine, Stroke	24
8	Jan 2018	Nov 2018	Neurology, Geriatrics, Respiratory, Dermatology	28
9	Mar 2018	Jan 2019	Rheumatology, Pathology, Outpatients	31
10	May 2018	Mar 2019	Gastroenterology	32
11	Summer 2018 (tbc)	tbc	Trauma Surgery, Plastic surgery & burns, Mental health	35

- Delivery strategy agreed and governance in place
- Collaboration agreements with national and local partners being delivered
- Regional implementation support network in place
- Benefits measurement & tracking approach in place
- 3 national reports published, with 9 more to come in 2018
- Implementation until March 2021 with more specialties (oncology, paediatric medicine) to be added

Orthopaedics

General surgery, Spinal, Vascular, Neurosurgery

Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral & Maxillofacial, Obstetrics & Gynaecology

Emergency medicine

Dentistry, Breast surgery, Diabetes, Endocrinology

**Cardiology, Imaging & Radiology, Intensive & Critical Care,
Anaesthetics & Perioperative,**

Renal, Acute & General medicine, Stroke

Neurology, Geriatrics, Respiratory, Dermatology

Rheumatology, Pathology, Outpatients

Gastroenterology

Trauma Surgery, Plastic surgery & burns, Mental health, Paediatric medicine

GIRFT Clinical Leads

- Clinical leads will play an active role in working with trusts to develop and implement their action plans.
- A programme of re-visits will ensure that trusts are able to make progress with local implementation and for areas of concern and difficulty to be raised.
- Clinical Leads will work closely with GIRFT regional hubs to monitor progress and to develop specific interventions if progress isn't being made.
- Clinical Leads will continue to have regular contact with clinicians in the trusts to proactively drive forward changes and to be an expert colleague to discuss issues arising.

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:



GIRFT clinical impact

Quality Improvements:

A 4 year trend showing a marked decrease in therapeutic knee arthroscopies despite an increasing number of knee replacements, correlating strongly with the origins of the GIRFT programme.

It has benefited patients and saved resources.

Operational Improvements:

Eight trusts in three regions have reduced their length of stay for primary knee replacements following implementation of GIRFT recommendations, resulting in a collective saving of nearly £1m per annum.

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.

Recent clinical progress

General Surgery National Report released in summer 2017 identified:

- A total opportunity for £160m savings annually
- £32m from improving enhanced recovery to shorten length of stay
- The need to overhaul quality and capture of clinical data
- The need to overcome barriers to reducing unwarranted variation e.g. best practice vs clinical autonomy
- That consultant-led assessments in EDs could cut admissions by 30%, improving EDs' sustainability and freeing up bed capacity.
- Cost savings of 59% for a basket of typical surgical supplies.

Vascular Surgery National Report (January 2018), recommends:
Round-the-clock availability of early diagnostics,
Decision-making expertise and intervention critical to the successful
treatment of vascular conditions,
Establishing 'hub and spoke' vascular surgery networks.

The report also recommends treating every vascular surgery case
as 'urgent',
Substantially reduce the risks associated with blocked arteries such
as sudden death, strokes, restricted movement and amputations.

Recent clinical progress *cont . . .*

- Implementing GIRFT **surgical site infection audit** findings from March 2018 across 13 specialties will improve patient outcomes and deliver significant savings (e.g. £1.5bn over 5 years potential in orthopaedics alone).
- **Litigation data** across surgical specialties shared with trusts in Dec 17 which will help drive patient care improvements leading to reduction of litigation costs.
- Evidence that pilot to reconfigure orthopaedic services in SW NHS Trust across **hot and cold sites** is yielding improved patient outcomes and staff morale, and productivity gains; pilot to be extended to other trusts.
- GIRFT to deliver Sir Norman William's vision for the **National Clinical Improvement Programme** (NCIP) initiative.

Differences between Surgical GIRFT and GIRFT for Acute Medicine

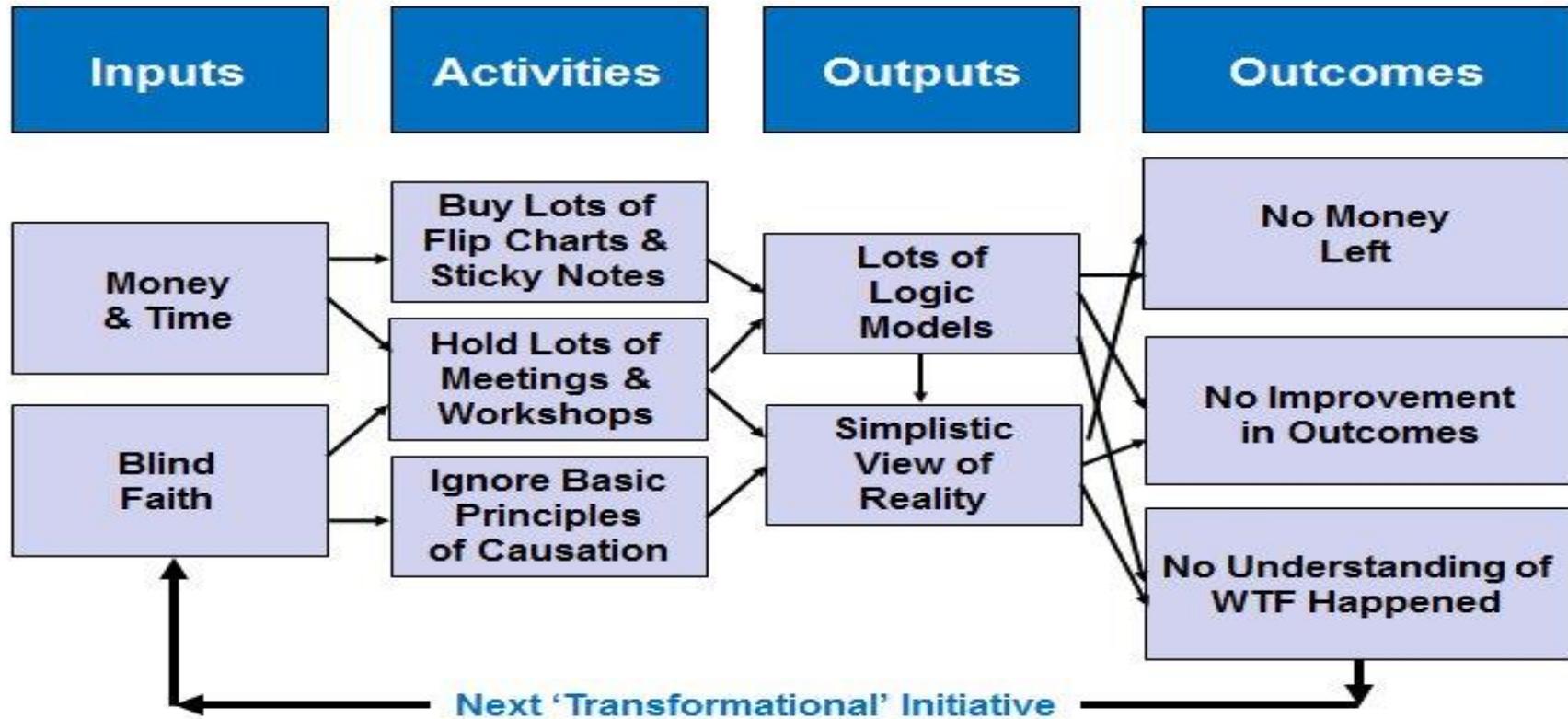
- No obvious hard outcomes to measure
- Poor national and local data collection
- Large teams all working together rather than smaller individual consultant-led teams
- Outcomes (e.g. SHMI) hard to attribute just to AMU
- AIM is in relative disorder nationally with widespread variable performance

An expert at getting it right first time and every time!

Ray Kroc – founder of MacDonald's

Kroc standardised operations, ensuring that every burger would taste the same in every restaurant. He set strict rules for franchisees on how the food was to be made, portion sizes, cooking methods, packaging and customer service.

Another transformational project, perhaps?



How many Morrison stores in the UK?

491

As of March 11 2017, there were 1,411 Sainsbury's grocery stores in the UK, 806 of which were convenience (type three) stores

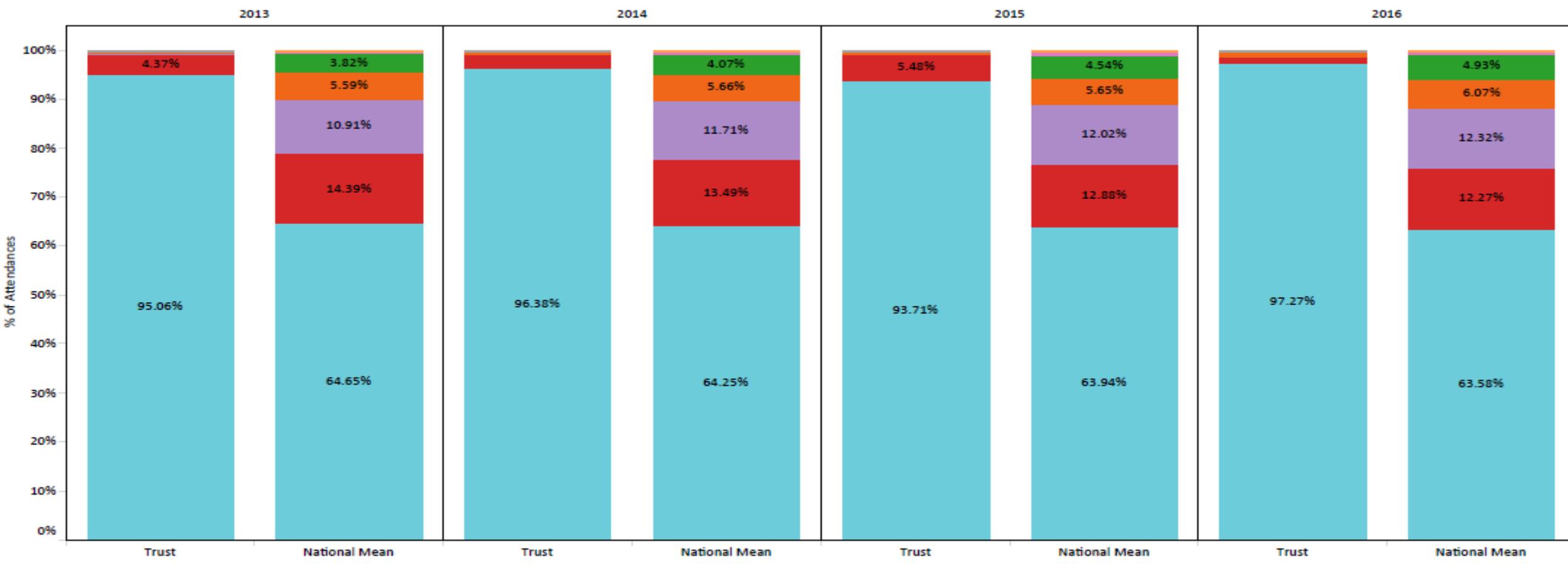
How many Acute Medicine Units in England?

Nobody knows!!! Different terminology- AMU, AAU, MAU, CAU, EAU, AAAU, etc.etc.

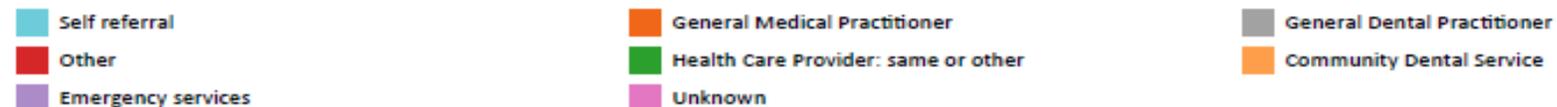
4.1 Attendances

Attendances: source of attendance per year

Source and year: HES Apr 13 - Mar 17



Referral Source



Questionnaire for each unit

- Patient pathways
- Activity including 7/7 working
- Ambulatory care
- Specialty interactions including diagnostics
- Sentinel conditions
- Staffing
- Costs

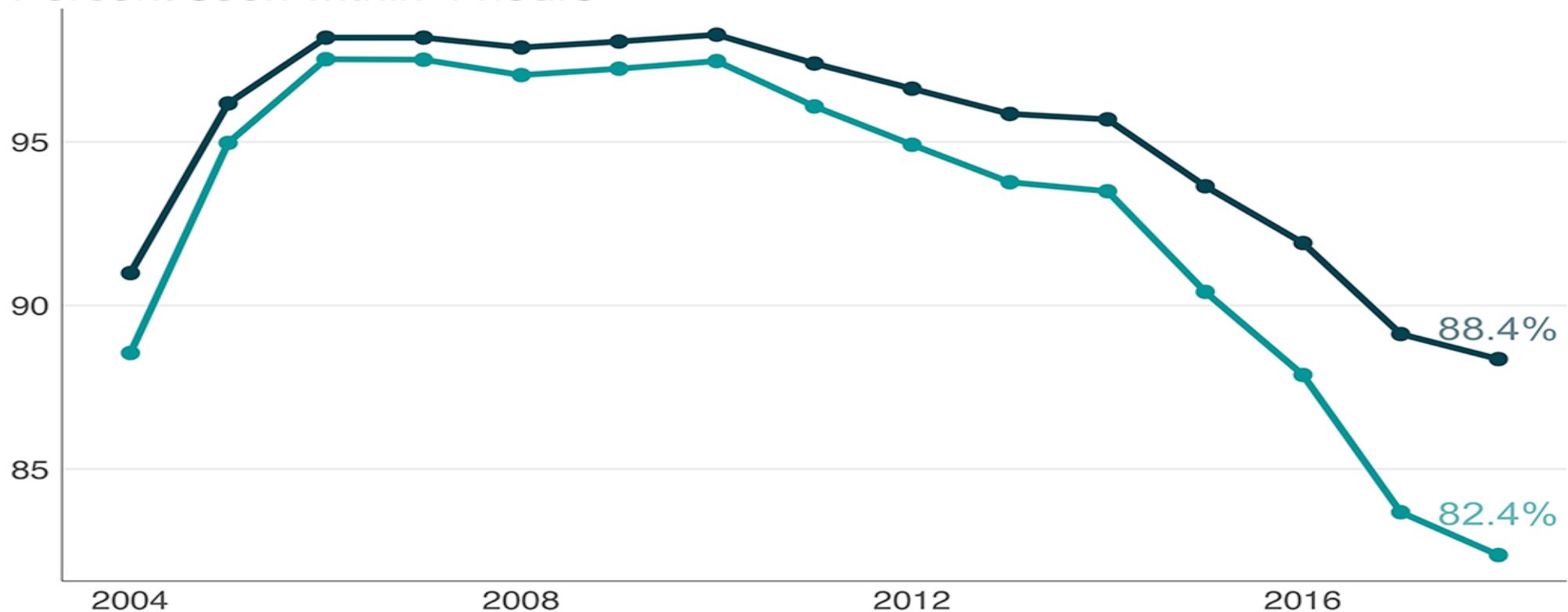
The current situation in NHS A&E departments in England (March 2018):

- **76.4% of patients were seen within four hours in type 1 A&E departments**, compared to 76.9% in February 2018 and 85.1% for the same month last year. **This is the lowest figure since data collection began.**
- Figures for Wales and Northern Ireland were even worse. Scotland was about the same.

2017/18 was the worst year for A&E on record

■ All units (including walk-in centres) ■ Major units

Percent seen within 4 hours



Source: NHS England

BBC

Hospitals with behavioural, communication and other human-factor issues

- Very common
- Frequent requests for help to national agencies
- Not well-suited to the GIRFT methodology!

GIRFT outputs

- 35 National Reports on specialties co-badged by national bodies plus reports on cross-cutting clinical issues such as procurement, litigation and post surgical infection.
- A rich database of c.10,000 GIRFT metrics across all trusts and workstreams accessed via the NHSI Model Hospital.
- A focus on delivering sustainable solutions that become *business as usual* for the NHS through:
 - GIRFT changes embedded in national policy e.g. definitive treatments;
 - work with NICE and national specialist associations to drive best practice delivery;
 - using GIRFT to drive a culture of continuous improvement in trusts.

GIRFT Implementation

- The responsibility for designing and implementing any changes derived from GIRFT recommendations lies with **trusts and their partners** in each local health economy.
- Each trust has a board-level **GIRFT clinical champion** (normally Medical Director), and each clinical workstream will have a designated GIRFT lead.
- Over 80% of **GIRFT staff** are trust facing. Nearly 40% are clinicians. They support each trust and their local partners to improve clinical outcomes.
- **Clinical Leads**, as national leaders in their field, advise trusts on how to reduce any unwarranted variations seen in their GIRFT data packs and help to benchmark their performance against their peers.
- **Clinical Leads** drive improvement nationally by writing a GIRFT National Report on their specialty, through working closely with NHSE Clinical Directors, and by feeding into wider national improvement initiatives.

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

Partner Collaboration

The full potential of GIRFT can only be realised if the programme works in close partnership with a wide range of partners:

- There is a deep partnership in place between GIRFT and **NHSI Operational Productivity Directorate** to deliver joint objectives.
- GIRFT is working closely with **NHSI central teams** including including Medical, Nursing, Regulation, Strategy, Comms, Finance, Pricing and Patient Safety.
- GIRFT has agreed a joint operating model with the **NHSI Regional network**. GIRFT clinical ambassadors work closely with NHSI Regional medical directors and senior nurses.
- GIRFT is signing MOUs with **NHS England** RightCare & Elective Care Transformation Programme to offer a joined up approach to STP level improvements; and with Specialised Commissioning to jointly deliver improvements.
- GIRFT-**NICE** collaboration is included in its MOU with NHSI.
- **GIRFT** works closely with **Royal Colleges** and national professional associations on national reports, best practice guidance etc.



Striving to embody the ‘shoulder to shoulder’ ethos supporting clinicians nationwide to deliver continuous quality improvement for the benefit of their patients.

