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Developing the GIRFT programme in GI & Liver services

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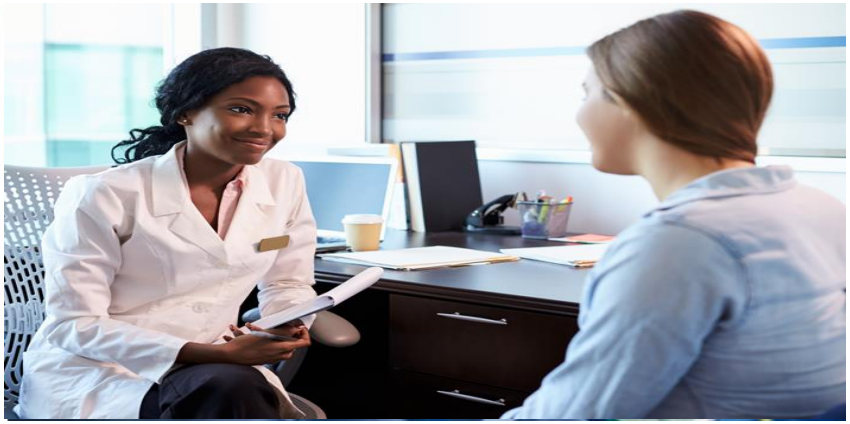

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

Outline

- How GIRFT programme began
- Examples of unwarranted variation
- How GIRFT has expanded

- Outline the GIRFT methodology
- What's different about GIRFT to other QI programmes
- Application of GIRFT in GI & Liver services
- Conclusions & Questions

GIRFT Development: 2012

- Prof Tim Briggs, Consultant RNOH
- British Orthopaedic Assoc President
- Ageing population, increase demand
- Costly when things go wrong

- £200k pilot study
- Objective stocktake of practice
- Including elective TKR & #NOF
- Key driver to improve quality of care

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Orthopaedic Pilot

- Sent data packs of available evidence on care & outcomes
- NJR, HES, National Litigation Authority, Atlas of variation

- Peer to peer visits, by Prof Briggs
- 144 Trusts – 220 hospitals in England

- Travelled over 17,000 miles
- Met over 1600 surgeons
- Met over 400 senior managers & CEOs

- Disseminated good practice
- Identified unwarranted variation

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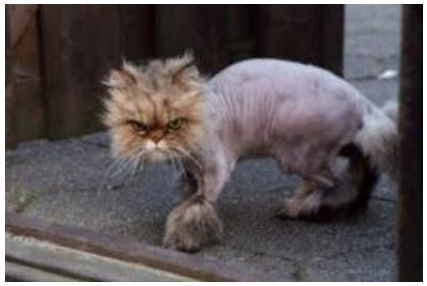

Highlighted variation

- Some variation warranted
  - Local needs & priorities shape services
  - May indicate innovation

- Significant unwarranted variation
  - In service delivery
  - In clinical practice
  - In patient outcomes
  - In every area of the country & every type of activity

Examples of unwarranted variation

- 25-fold range in surgical site deep wound infection (0.2% - 5%)
- Costs £75k - £100k to treat an infected joint

- <40% of over 65's received cemented hips (5% - 95%)
- Evidence cemented hips cheaper & excellent outcomes
- Identical cemented implants cost range was £595 - £854

Outcome of orthopaedic pilot

- Visits helped interpret data & develop action plans
- National report of pilot with ‘GIRFT’ recommendations 2013
- Refresh and further national report in March 2015

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’

- Improved quality of care
- Not a bad investment from £200k!

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Expansion of GIRFT

- GIRFT methodology transferable
- Rolled out in surgical specialties

- Also identified unwarranted variations

  30 day readmission rate after tonsillectomy 4% - 27%

  Rectal Ca stoma reversal at 18 months 25% - 100%

- Nov 2016: DoH £60m funding to help save £1.5bn/year
- Now rolled out into medical specialties

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NHS Royal National Orthopaedic Hospital NHS Trust & NHS Improvement

NHS

From pilot to national programme

GIRFT clinical leads undertaking reviews of **35 clinical specialties** to identify & reduce unwarranted variation and improve patient outcomes.

35 clinical workstreams already underway

1450+ GIRFT visits to trusts already completed

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GIRFT methodology

- Review priorities
- Harvest data
- Data pack implementation

- Clinical lead visits/recommendations
- Implementation plan development
- National report

- Implementation of plans
- Refresh & reissue data packs
- Transition to business as usual

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NHS

What's different with GIRFT?

- Clinically led, by frontline clinicians
- Insight driven data packs & questionnaires
- Peer to peer, face to face, conversations
- Informed by data analysis across a broad range of metrics
- Deeper insight of performance and then exploring solutions

- Shoulder to shoulder ethos
- Identify changes that will improve care & patient outcomes
- Disseminate good practice
- Reduce expenditure (on complications, litigation, procurement)
- Support to implement plans, through to business as usual

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GIRFT local support

- 35 clinical specialties
- Project delivery leads

- 7 regional hubs
- 2+ ambassadors/region
- Implementation managers

- Collaborative working
- NHSE RightCare / STP
- NICE / CQC / NCIP

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Application to Gastro & Hepatology

- Is GIRFT methodology transferrable to medical specialties?
- Outcome measurements - essential to improve performance
- May be more obvious outcomes in surgery?

- Multi-organ medical and interventional speciality
- HPB, Luminal, IBD, Nutrition, Endoscopy… etc
- Use some representative metrics from each area

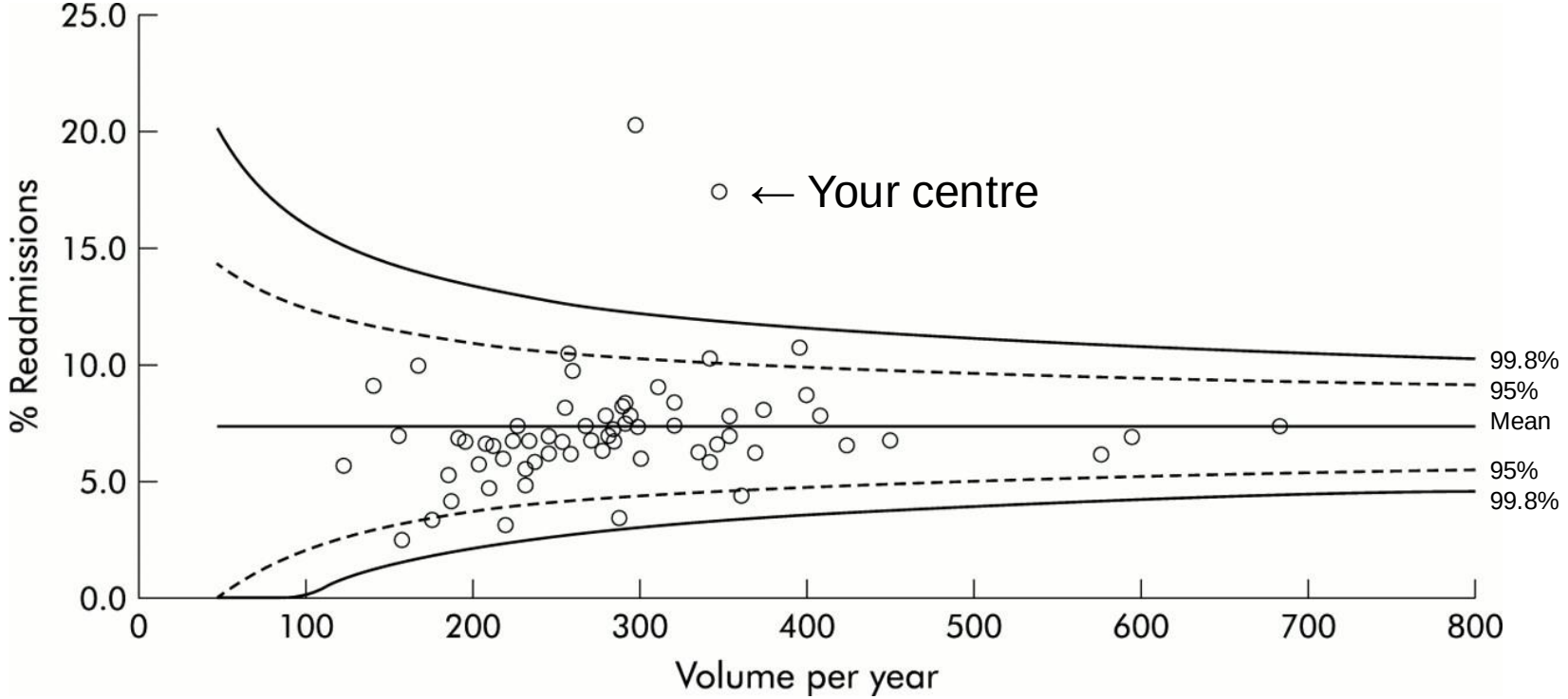
Gastro Data Packs – Scene Setting

- General Information
  - Population - catchment / comorbidity index
  - CQC rating
  - Friends & family
  - Staff survey
  - SHMI
  - Incidents, complaints & litigation
  - Coding quality
  - Financial overview
- Specialty specific
  - JAG / IQILS / IBD registry / research
  - OPD / RTT / cancer targets
  - Workforce overview

Gastro Data Packs - Subspecialty

- Endoscopy
  - JAG / NED / case mix / PCCRC / 7 day services / procurement
- Luminal
  - IBD standards / emergency admissions / biosimilars
- GI bleeds
  - OOH rota / intervention / readmissions
- Hepatology
  - Cirrhosis care bundle / surveillance / paracentesis / fibroscans
- Nutrition
  - Nutrition support team / catheter infections / TPN

Funnel plots – to assess variation



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Conclusions – embrace GIRFT

- We have more in common than that which divides us

- Come out of our silos
- Work together
- Shoulder to shoulder
- Better, safer patient care
- Better use of resources

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Any questions?

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