

Benefits of developing an optimal care pathway for IBD

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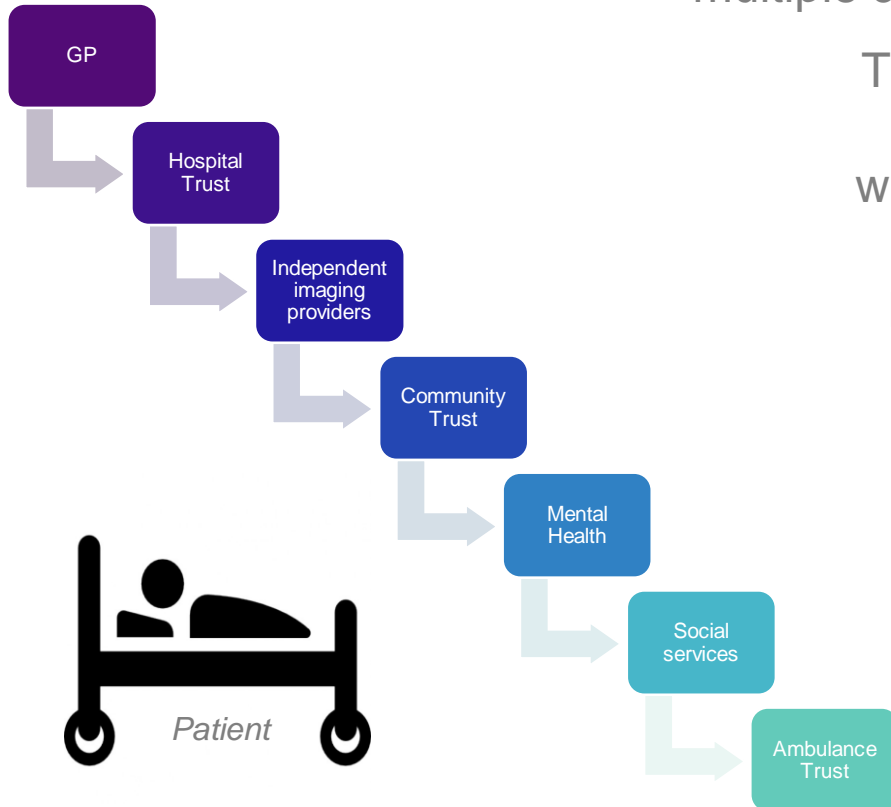
Winston Churchill Fellow

Why do we need an optimal pathway?

- How is an optimal care pathway of use?
- What does that mean in reducing variation for IBD services?
- Some thoughts on commissioning and how systems are changing

The scenario: transforming and integrating care

In a traditional Patient Pathway care is provided by multiple organisations, with multiple contracts



Traditional patient pathway for IBD

The NHS is now implementing the **Five Year Forward View** for health and social care, where all providers will need to work together as a partnership under one contract, providing **care more effectively** and more **efficiently**.

NHS CONFEDERATION

The Five Year Forward View

There are three areas where fundamental change is necessary to sustain the NHS in England. These areas each have a significant and widening gap between current resources and the demands on the service. With action and support from the NHS, the government and the public, these gaps can be closed.

- The health and wellbeing gap**
The majority of illnesses the NHS treats are caused by obesity, smoking or alcohol.
Many of these illnesses, such as heart disease or diabetes, are preventable.
- The care and quality gap**
People are living longer and need a wider range of health services over a longer period of time.
Care is disjointed across different organisations.
- The funding and efficiency gap**
The way the NHS currently delivers care isn't cost-effective.
There will be a gap between patient needs and NHS resources of £30 billion a year by 2020/21.

NHS Transformation



**Sustainability Transformation
Partnerships and Integrated Care
Systems (STPs/ICS)**
Manage the transformation with local
plans.

The Neighbourhoods
a local partnership of GPs that
implement care around the patient.

- ✓ Reducing variation
- ✓ Providing more cost effective efficient healthcare

Commissioning-led, the RightCare Programme is being rolled out across all CCGs as part of delivering the Five year Forward View, with the following objectives:

- Helps health economies find where they are wasting money on sub-optimal healthcare.
- Helps them replace that with optimal healthcare and save money

NHS RightCare **advises local health economies** to:

- Optimise resources
- Understanding performance
- Encouraging decision making
- Identifying priority programmes to improve healthcare
- Ensuring taxpayer money goes as far as possible
- Make sustainable improvements to reduce unwarranted variation



Triple Aim

Better Outcomes

**Better experience for
patients and staff**

Better use of resources





A commissioning example from ambulance services



Where will I get better outcomes and best value?



Category	Response	Response Time
1	An immediate response to a life threatening condition, such as cardiac or respiratory arrest	7 minutes
2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport	18 minutes
3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	At least 9 out of 10 times within 120 minutes
4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic	At least 9 out of 10 times within 180 minutes

NHS RightCare Intelligence products



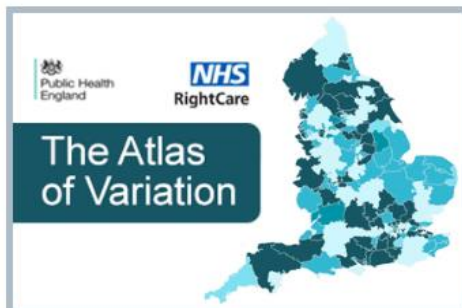
CCG data packs



STP packs



Long term condition scenarios



Atlases



Casebooks



NHS RightCare Pathways

Patient Scenarios

Patient Scenarios are frequently used by the NHS to focus management and planning around the patient.

The RightCare Scenario process takes this to the next level using a patient story to identify

- Average or Suboptimal Care
- Innovative or Optimal Care

And then comparing the costs around these stories/pathways

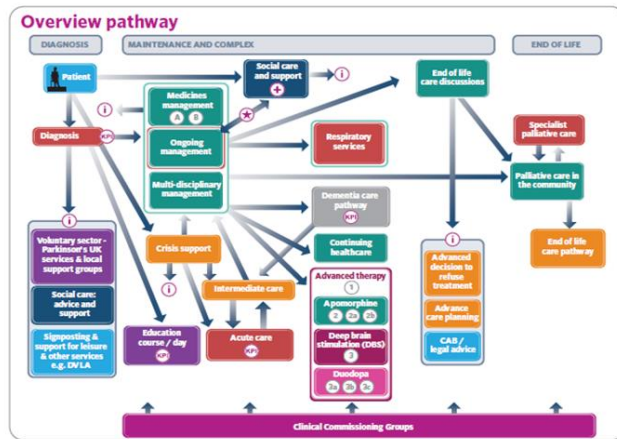
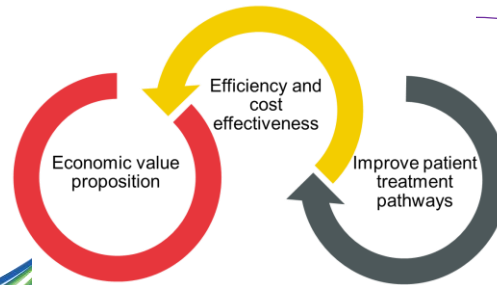
The scenarios are used to communicate best practice within RightCare or GIRFT processes.

Where CCGS and Trusts respectively have to identify why they have NOT adopted these if they have suboptimal variation in care.

Case study



Sarah's story: Parkinson's
Appendix 2: Short summary slide pack



Integrated Parkinson Pathway

Analysis by provider	Sub-optimal	Optimal	Optimal %
Third Sector	£2,880	£1,219	42%
Acute	£50,757	£3,542	7%
Ambulance service	£2,330	£0	0%
Community hospital	£3,843	£2,404	63%
Community teams	£3,025	£7,351	243%
Primary care	£702	£1,552	221%
Social services	£4,466	£8,214	184%
Grand total	£68,004	£24,282	36%

NHS RightCare scenario: The variation between standard and optimal pathways

Analysis by cost category	Sub-optimal	Optimal	Optimal %
Community care	£8,732	£10,718	123%
Elective admissions	£800	£1,600	200%
Intermediate care	£3,607	£2,404	67%
Non-elective admissions	£13,600	£0	0%
Palliative and end of life care	£480	£2,958	617%
Prescribing and meds optimisation	£313	£2,015	644%
Prevention and public health	£0	£457	n/a
Primary care management	£360	£879	245%
Rehabilitation	£5,768	£1,362	24%
Secondary care management	£32,692	£1,609	5%
Self care	£0	£155	n/a
Urgent and emergency care	£1,654	£125	8%
Grand total	£68,004	£24,282	36%

NHS RightCare

NHS RightCare Intelligence products

NHS RightCare Intelligence tools and support

CCG data packs

'Where to look' packs for STP footprint areas

Atlases

Long Term Condition scenarios

NHS RightCare Scenario: Sepsis

Casebooks

NHS RightCare Pathways

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Long Term Condition scenarios

Progressive Chronic Kidney Disease

In this scenario – using a fictional patient, Abdul – we examine a progressive chronic kidney disease (CKD) care pathway, comparing a sub-optimal but typical scenario against an ideal pathway. At each stage we have modelled the costs of care, not only financial to the local health economy, but also the impact on Abdul and his family's outcomes and experience.

- [Abdul's story: CKD – full narrative](#)
- [Abdul's story: CKD – summary slide pack \(PowerPoint version\)](#)
- [Abdul's story: CKD – summary slide pack \(PDF version\)](#)
- [Abdul's story: CKD – short summary slide pack \(PowerPoint version\)](#)
- [Abdul's story: CKD – short summary slide pack \(PDF version\)](#)

Multimorbidity

In this scenario – using a fictional patient, Clara – we examine a multimorbidity care pathway, comparing a sub-optimal but typical scenario to an optimal pathway. At each stage we have modelled the costs of care, both financially to the commissioner and personally and emotionally to Clara and her family.

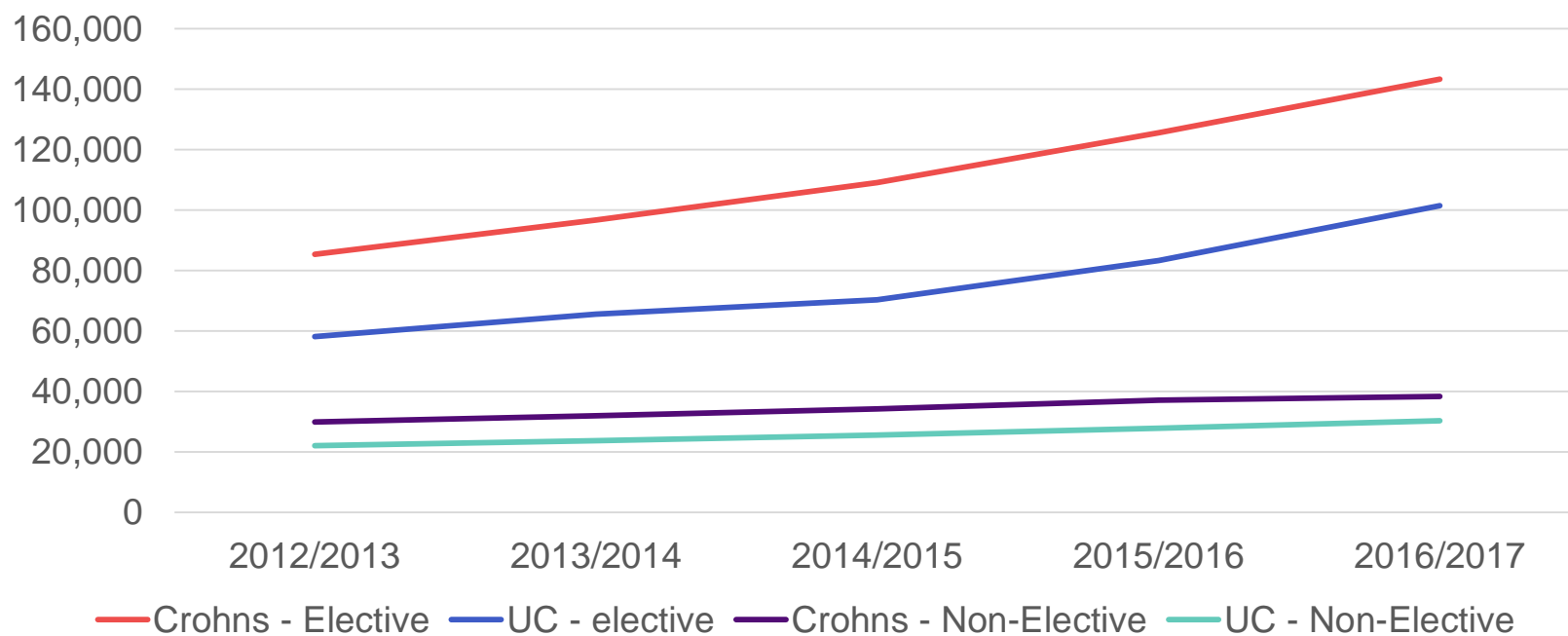
- [Clara's story: Multimorbidity – full narrative](#)
- [Clara's story: Multimorbidity – summary slide pack \(PowerPoint version\)](#)
- [Clara's story: Multimorbidity – summary slide pack \(PDF version\)](#)
- [Clara's story: Multimorbidity – short summary slide pack \(PowerPoint version\)](#)
- [Clara's story: Multimorbidity – short summary slide pack \(PDF version\)](#)

Colorectal Cancer

In this scenario – using a fictional patient, Katie and her family – we examine the advanced colorectal cancer pathway, comparing a sub-optimal but typical scenario against an ideal pathway for an individual diagnosed with metastatic cancer who requires palliative care through to the end of life. At each stage,



Inpatient admissions with a diagnosis of IBD





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