

NHS – Higher Education Forum 19 May 2010

**Improving NHS quality and
productivity: is information part
of the problem or part of the
solution?**

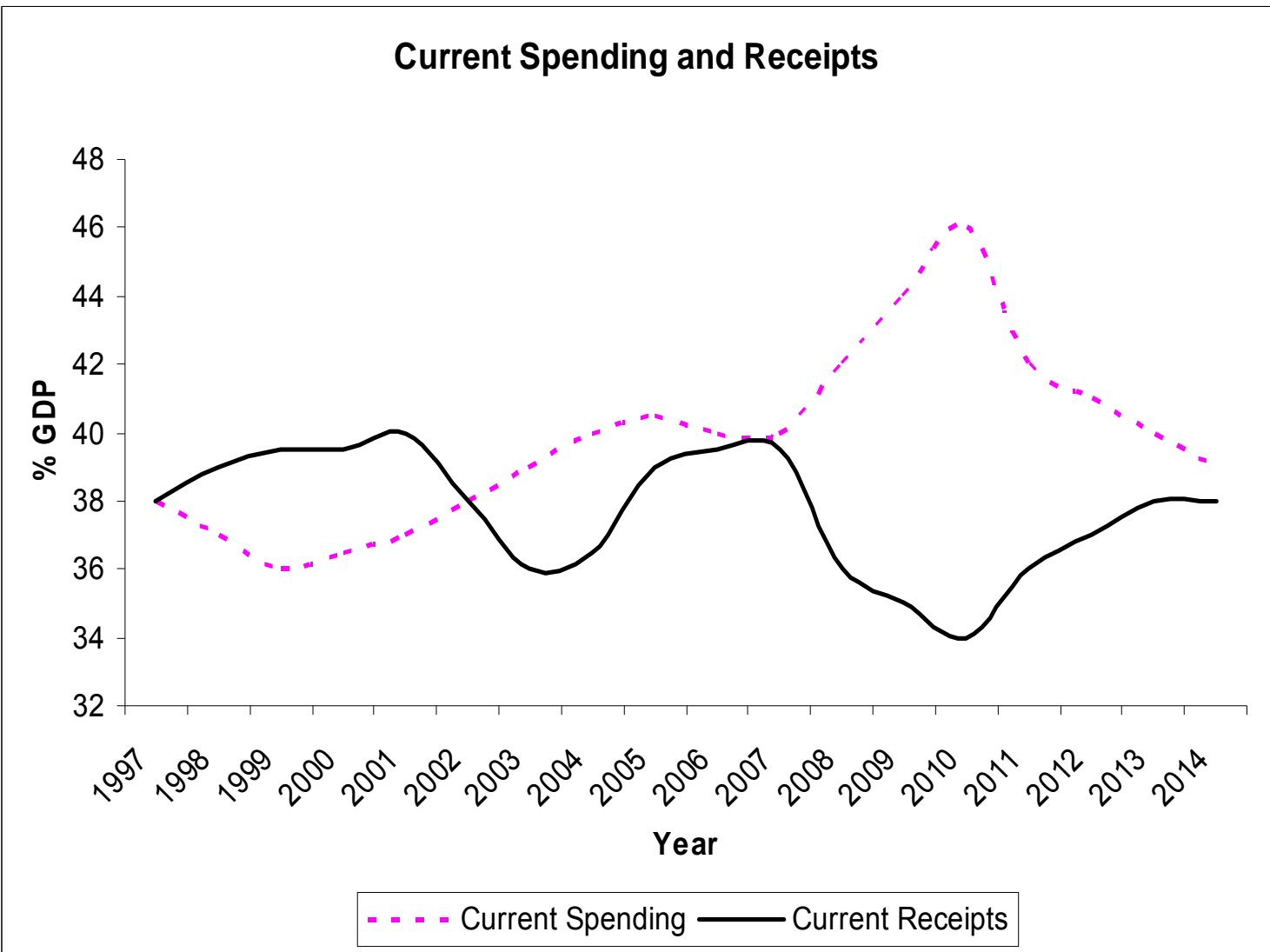
Brian Derry

NHS IC Director of Information Services

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UK plc???

Current Spending and Receipts



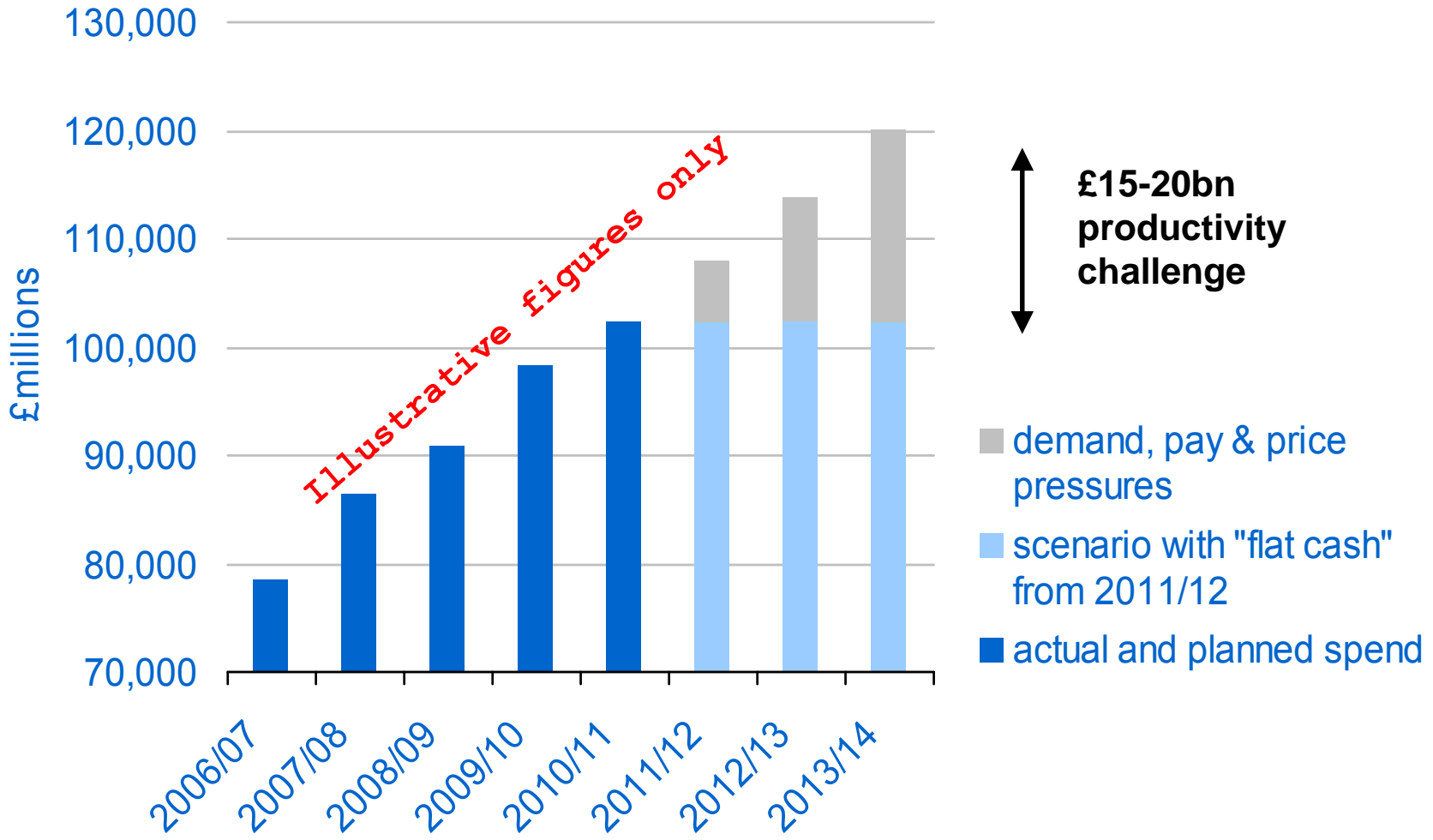
Falling tax revenues, rising spending.

Between budgets 08 and 09 public deficit rose by more than total NHS Spending.

Public finances may return to balance 2017/18?

Productivity gap ... *ceteris paribus!*

NHS expenditure by year



Risks

- Salami slicing
- Slash and burn
- Lies where it falls
- Money at the expense of quality
- Displacement activity
- Too much too late

“Quality” - what is it?

"And what is good, Phaedrus,
And what is not good—
Need we ask anyone to tell us these
things?"

Robert M Pirsig, “Zen and the Art of Motorcycle Maintenance: An Inquiry Into Values”

Domains of quality

Table 1 Domains of quality

Domains	IOM	OECD	Quest for Quality	Performance Assessment Framework	NHS Next Stage Review	CQC
Safety	✓	✓	✓		✓	✓
Effectiveness	✓	✓	✓	✓	✓	
Outcomes of care				✓		✓
Patient-centred / experience	✓	✓	✓	✓	✓	✓
Timely	✓		✓			
Access			✓	✓		✓
Efficient	✓			✓		
Value for money						✓
Capacity			✓			
Equity	✓		✓			
Healthy, Independent living						✓
Health Improvement				✓		

IOM: Institute of Medicine

OECD: Organisation for Economic Co-operation and Development

CQC: Care Quality Commission

Source: “Getting the Measure of Quality”, Kings Fund 2010

Domains of un-quality?

Summary report

Inspecting Informing Improving

THE DR FOSTER

HOW SAFE IS YOUR HOSPITAL?

Do not use if seal is broken



Inspection report

The prevention and control of infections
Basildon and Thurrock University Hospitals
NHS Foundation Trust

Region: East
Provider's code: RDD
Type of organisation: Acute trust
Type of inspection: Enhanced
Sites we visited: Basildon University Hospital
Date of inspection: 8 October 2009
Date of publication: 4 November 2009

The Report of the Public Inquiry
into children's heart surgery
at the Bristol Royal Infirmary
1984-1995

[Learning from Bristol](#)

**THE
SHIPMAN INQUIRY**
Chairman: Dame Janet Smith DBE

First Report

Volume One
Death Disguised

HSMRs – some HSJ headlines

Hospital death rates to be published on NHS Choices website (17 April, 2009)

NHS medical director Sir Bruce Keogh has instructed the website NHS Choices to publish each hospital trust's overall death rate.

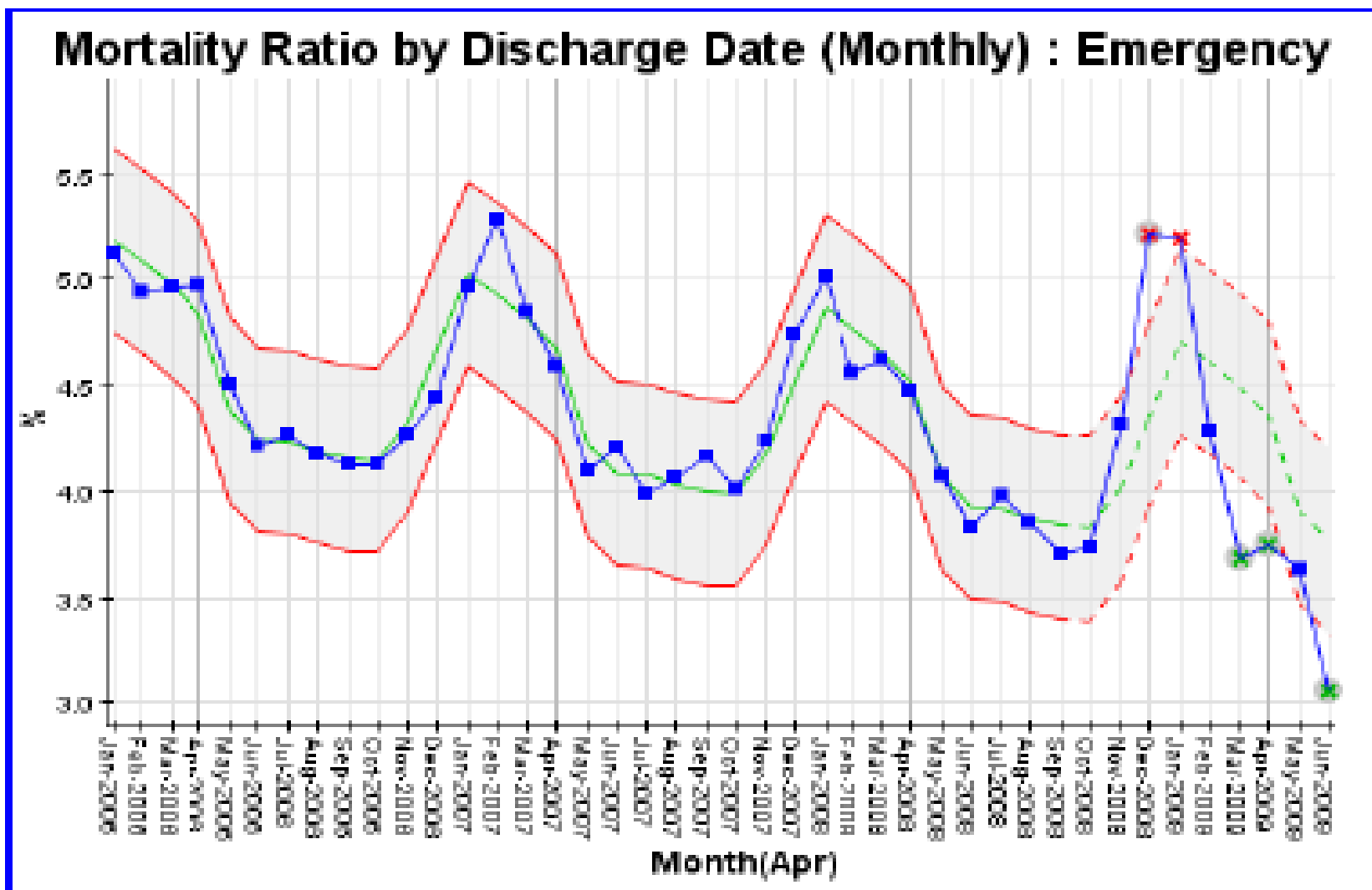
DH takes hold of death ratio debate (18 February 2010)

The Department of Health is taking action to ensure the NHS agrees a way of measuring and reporting hospitals' death rates, in response to the furore prompted by last year's Dr Foster Hospital Guide.

Francis report criticises SHA's mortality research (4 March 2010)

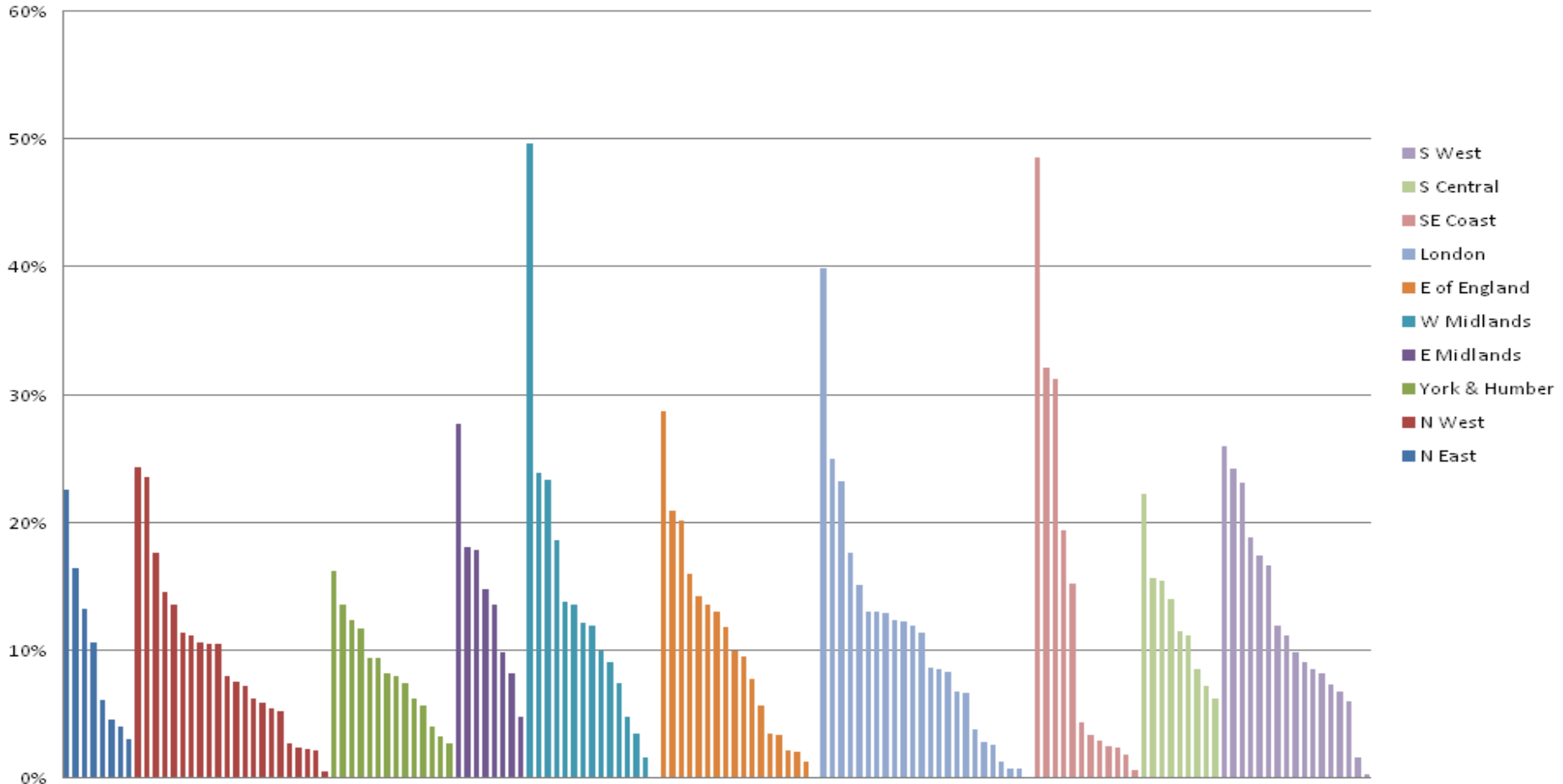
The Francis inquiry has added to the heated debate on how the NHS should use hospital standardised mortality ratios. It repeats the Healthcare Commission's criticisms of [Mid Staffordshire](#) Foundation Trust for attributing reports of high [mortality](#) figures, from both Dr Foster Intelligence and the regulator, to factors such as coding rather than examining the quality of its care.

Statistical process control



Recording

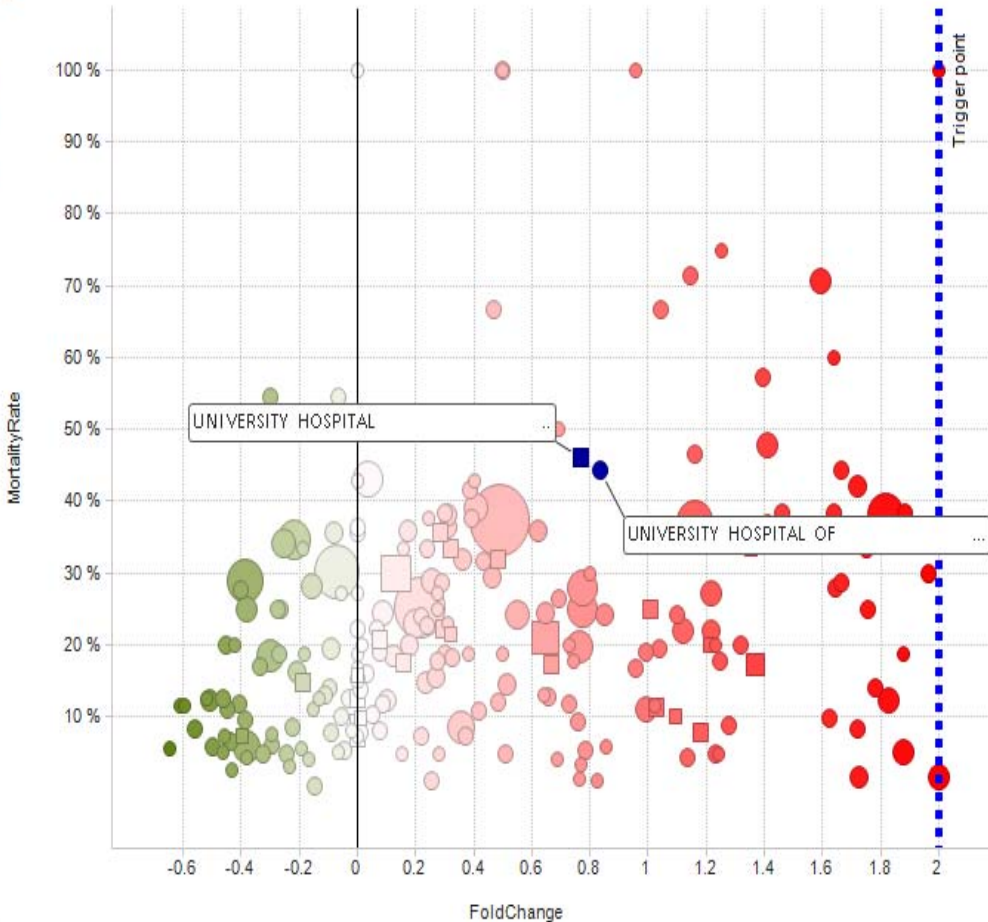
%age deaths coded "palliative care" by Trust, Mar-June 2009
England average = 11.3% (7.8% in 2008/9)



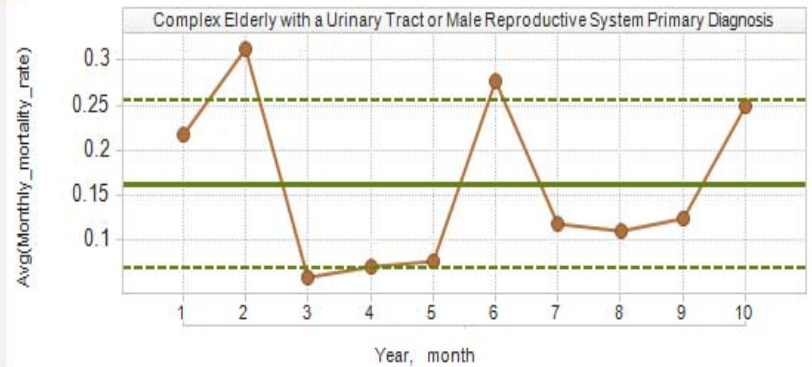
A Midlands perspective

Cover Page External_Mortality_Overview Internal_mortality_Overview

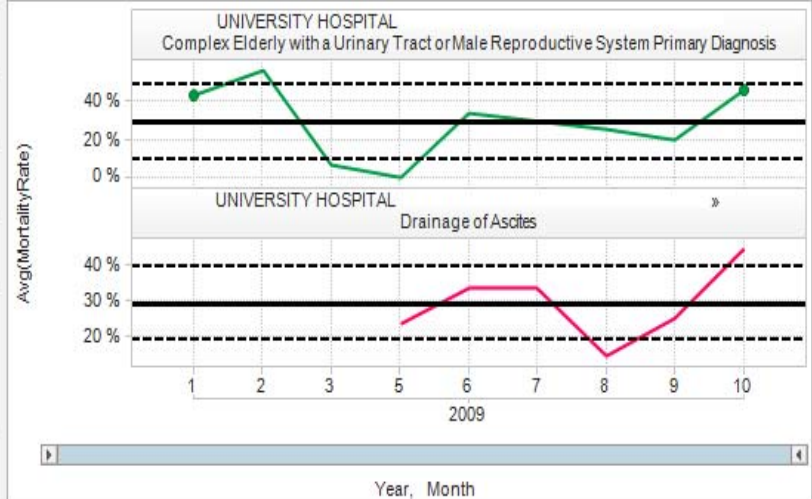
Scatter Plot



Mortality Ratios Jan-Jul 2009



Line Chart



Some information fallacies

- “Narrative fallacy” - all variation is real
- Indicators are metrics – targets for HSMRs
- Dashboards – weighing the pig¹
- Benchmarking = comparative analysis = league tables
- Information is a weapon
- Information is a free good

¹ *Pace E J Woodhouse*

Another benchmarking fallacy

$$\text{Savings} = \sum_i (q_{1i} - q_{0i}) \times \bar{p}_i \quad i = 1, \dots, \text{lots}$$

Where

q_1 = metric for your organisation

q_0 = top quartile metric value

\bar{p}_i = average price or cost (often hypothetical)

National quality and productivity programme – three areas

Supporting commissioners to commission for quality and efficiency – e.g. through improved clinical pathways, decommissioning poor value care

Provider efficiency – supporting providers to respond to the commissioning changes and efficiency pressures by transforming their businesses

Shaping national policy and using system levers to support and drive change e.g. primary care contracting & commissioning

...twelve workstreams

Supporting commissioners

- Safe Care
- Right care
- Long Term Conditions
- Urgent Care
- End of Life Care

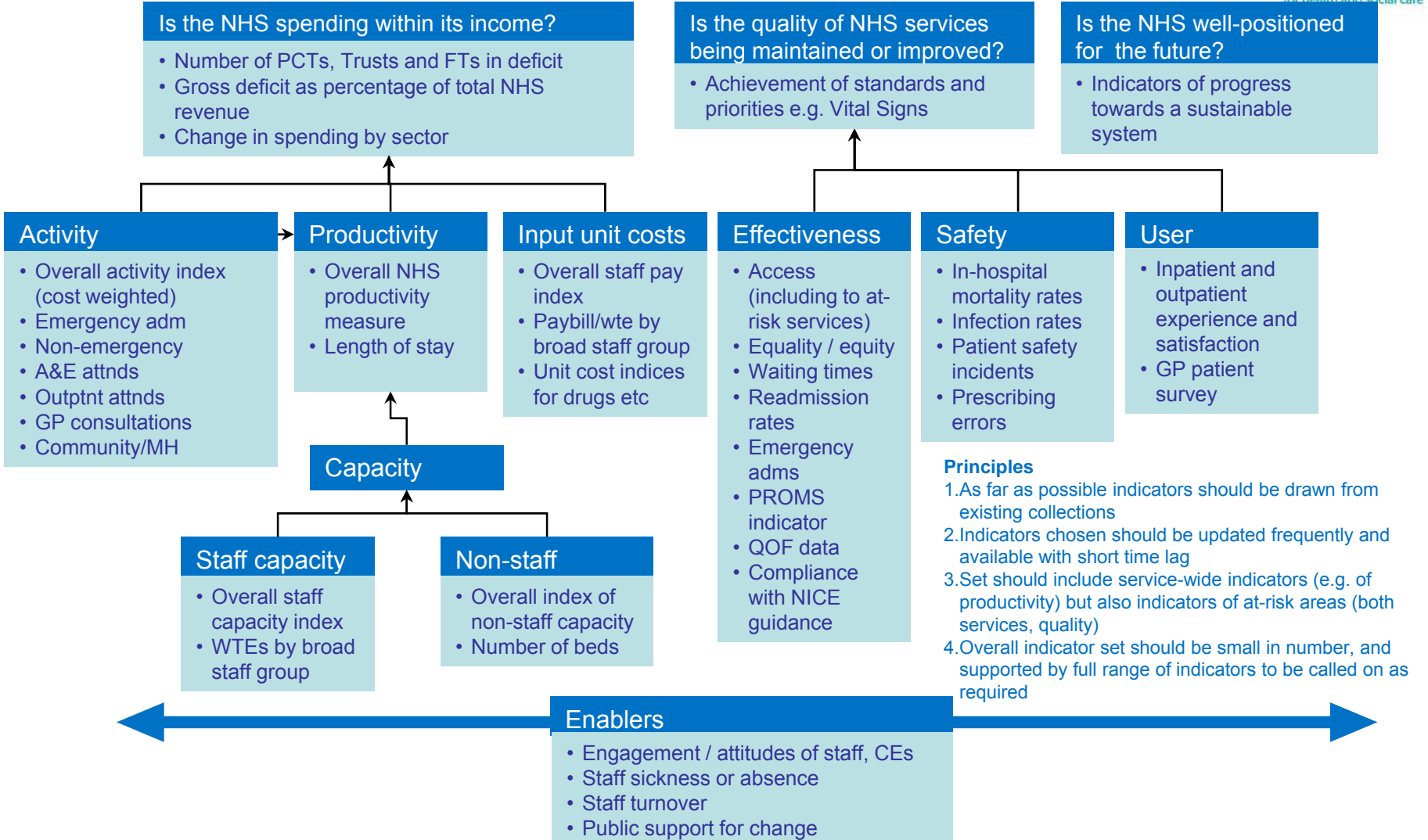
Provider efficiency

- Back office efficiency and optimal management
- Procurement
- Clinical support rationalisation (Pathology initially)
- Supporting staff productivity
- Medicines use and procurement

Shaping national levers

- Primary Care Contracting and Commissioning
- Technology and digital vision

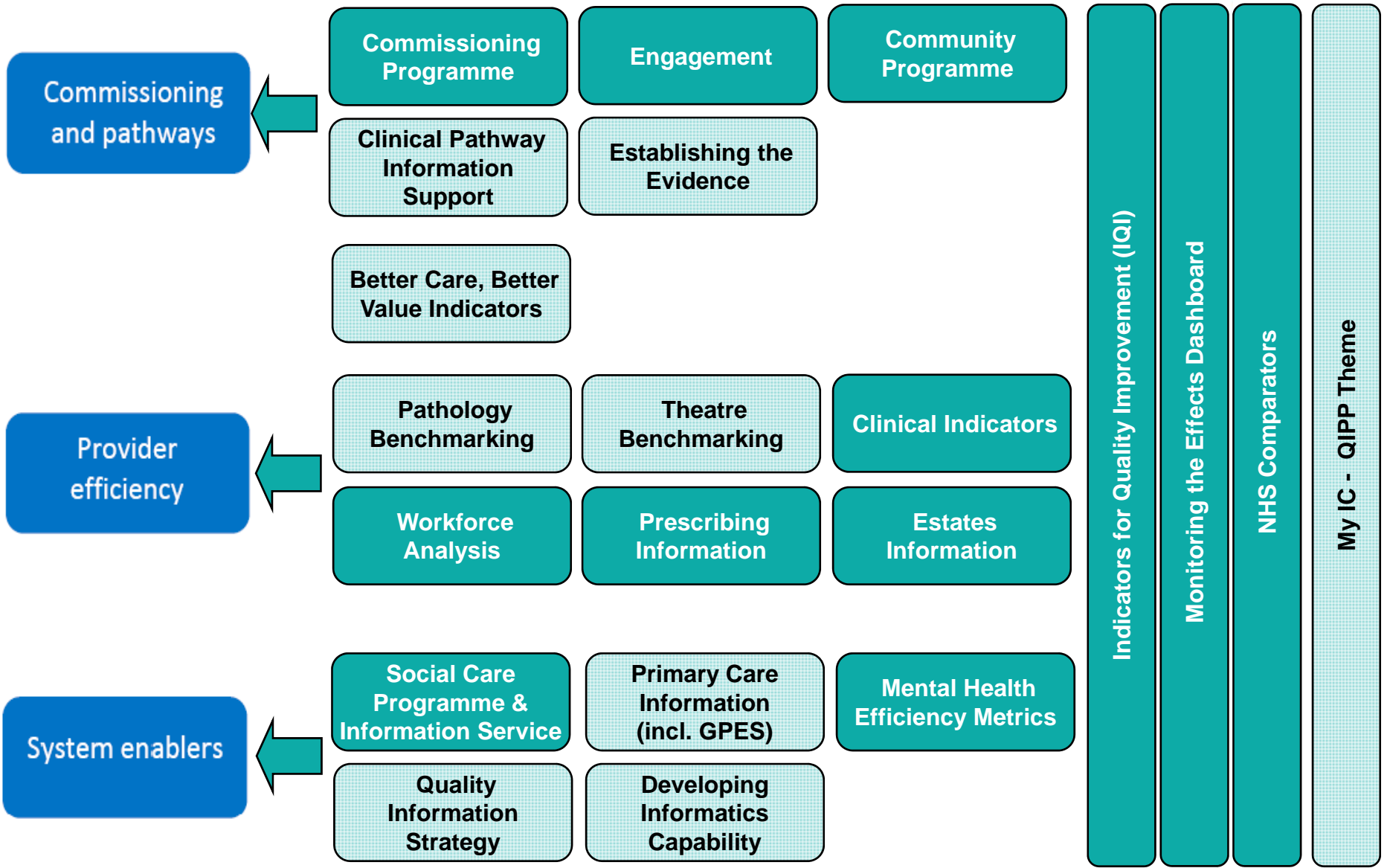
DH dashboard



Note to explain the framework: The arrows show how the areas to be monitored fit together. E.g. the drivers of expenditure are activity, productivity (Output per unit of input) and input costs. To illustrate this: expenditure on cataracts is the number of cataracts (activity) divided by cataracts per doctor (productivity) times cost per doctor (input unit costs).

The central, authoritative source of health and social care information.

NHS IC contribution



The central, authoritative source of health and social care information.

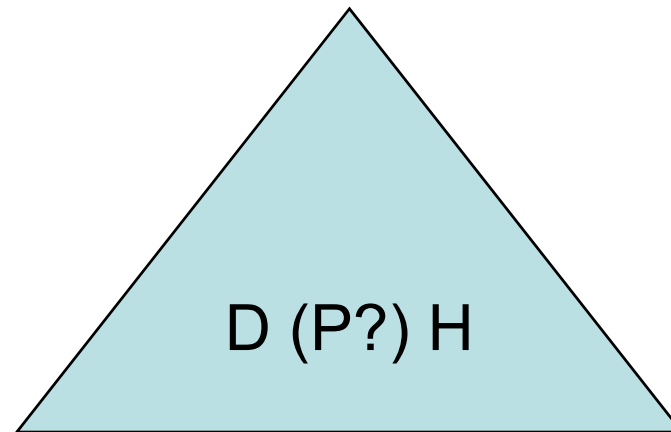
The screenshot displays the NHS MyIC website interface. At the top, there are navigation links for Accessibility, Press office, Site map, and Contact us. The user is logged in as 'My IC: Hello Anon Y Mouse' with a 'Log out' button. The NHS logo and 'The Information Centre for health and social care' are prominently displayed. A search bar is available, with a dropdown menu showing 'Our websites' and 'Health & social care websites'. Below the search bar is a navigation menu with tabs for 'About us', 'Statistics & data collections', 'Services', 'News & events', 'Work with us', and 'My IC'. There are also buttons for 'Add content', 'Help', and 'Feedback'.

The main content area is divided into several sections:

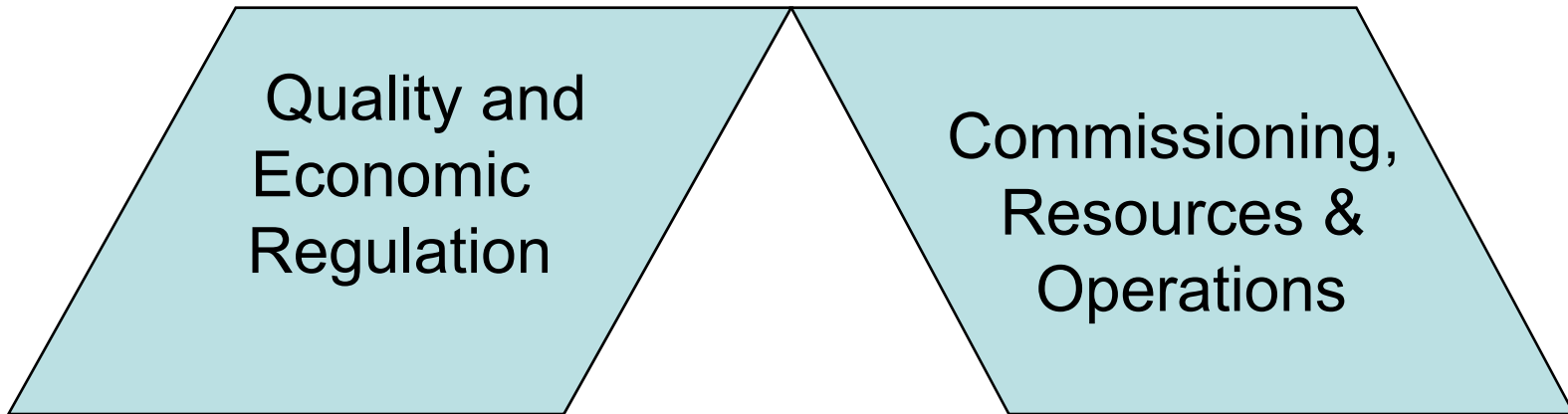
- Tools:** Includes 'NHS Comparators' (A comparative analytical tool), 'Compendium of Public Health Indicators', 'NHS View' (View information your way), and 'National Adult Social Care Intelligence Service'.
- What's new?:** Features a news item titled 'The NHS information Centre to provide key JSNA indicators' with a sub-headline 'From November 2009, The NHS Information Centre will be providing key indicators to help commissioners complete their Joint Strategic Needs Assessments (JSNA)' and an accompanying image of a crowd.
- RSS Feeds:** Lists several news items such as 'Child obesity 'is levelling off'', 'Aspirin 'only for heart patients'', 'Smoking mums have 'problem kids'', and 'Memory test 'spots pre-dementia''.
- Data:** Lists reports like 'Consultant Team Summary Report', 'Data Quality Programme', and 'National Clinical Audit reports'.
- The NHS IC Resources:** Lists 'The Data Quality Programme', 'Publications Calendar', 'The Casemix Service', and 'Commissioning'.
- My Bookmarks:** Lists 'BBC Radio 4', 'National Rail Enquiries', 'The Guardian', and 'Google Maps'.
- Documents:** Lists 'Payment by Results in 2010-11', 'Health Informatics Review Report', and 'High Quality Care for All Report'.
- Health Survey England** and **Statistics and Data Collections** are also visible at the bottom.

- Key information resources, tools, links, reference documents, news.
- Configurable to suit users like *iGoogle*

The shape of things to come?

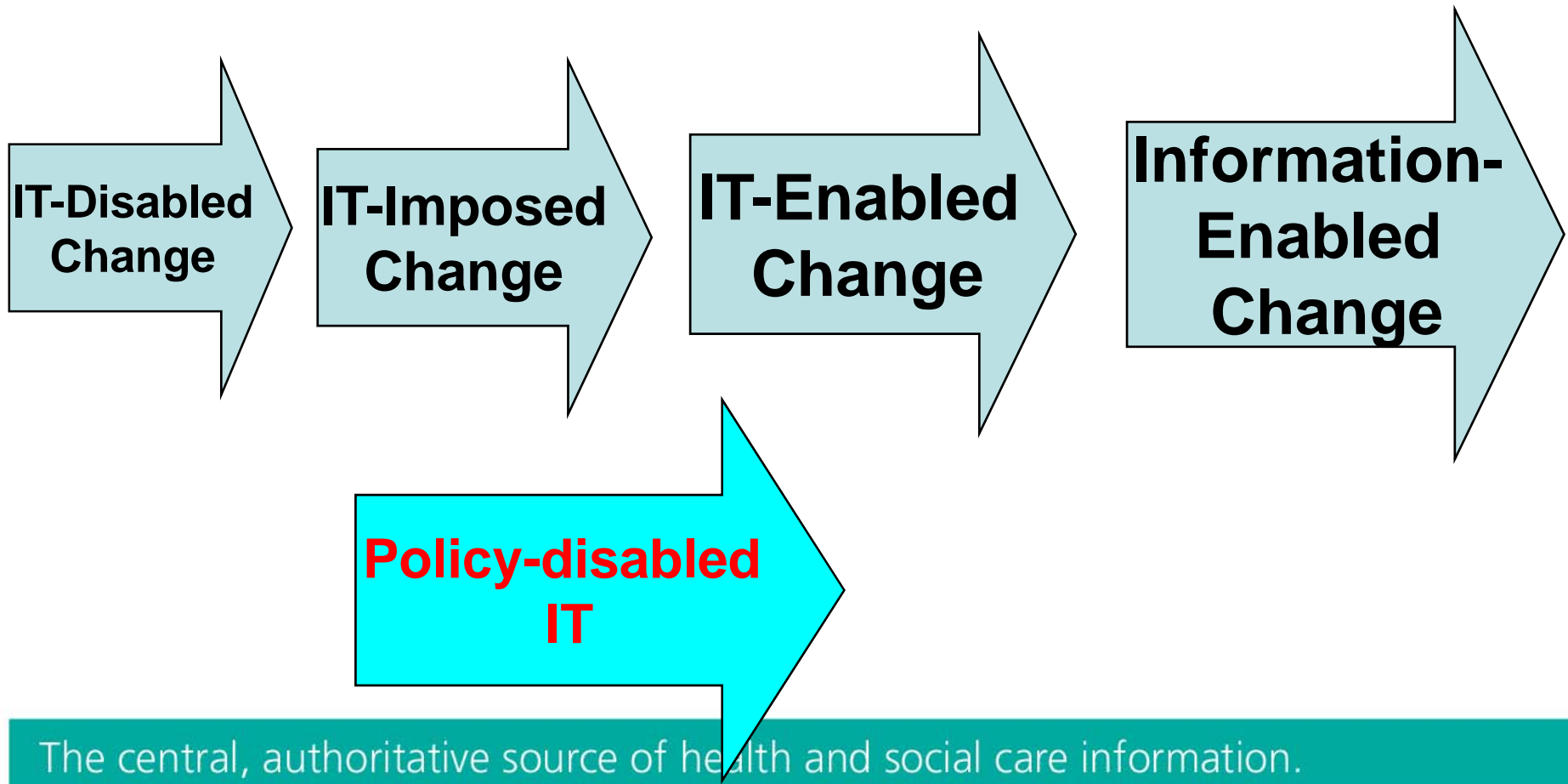


Information



The central, authoritative source of health and social care information.

(Still) making the journey...



New NHS “information” strategy

Shifting the focus

Organisation

Staff group

Care setting

Administration

Process monitoring



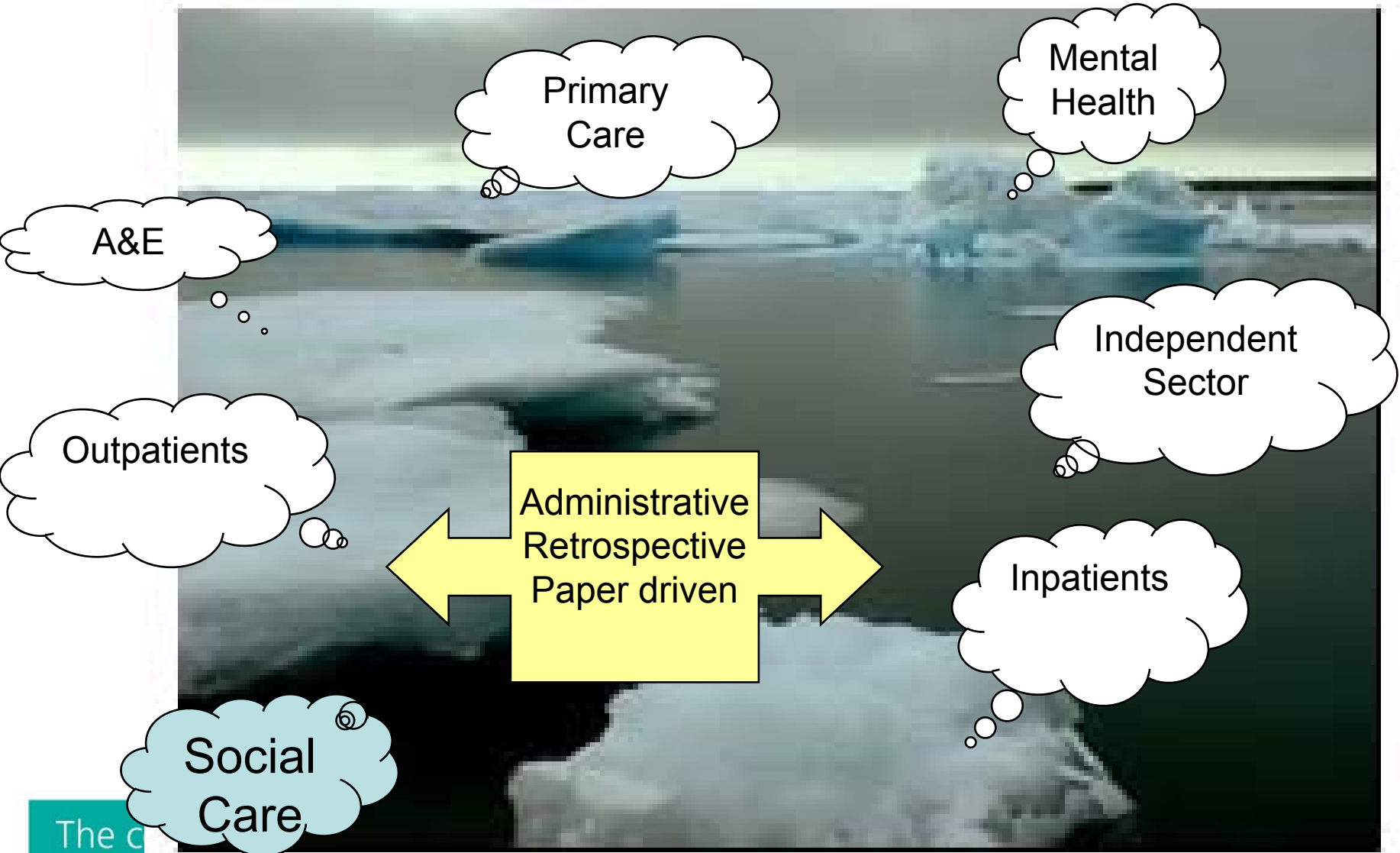
Patients

Clinical process
management

Resource
management

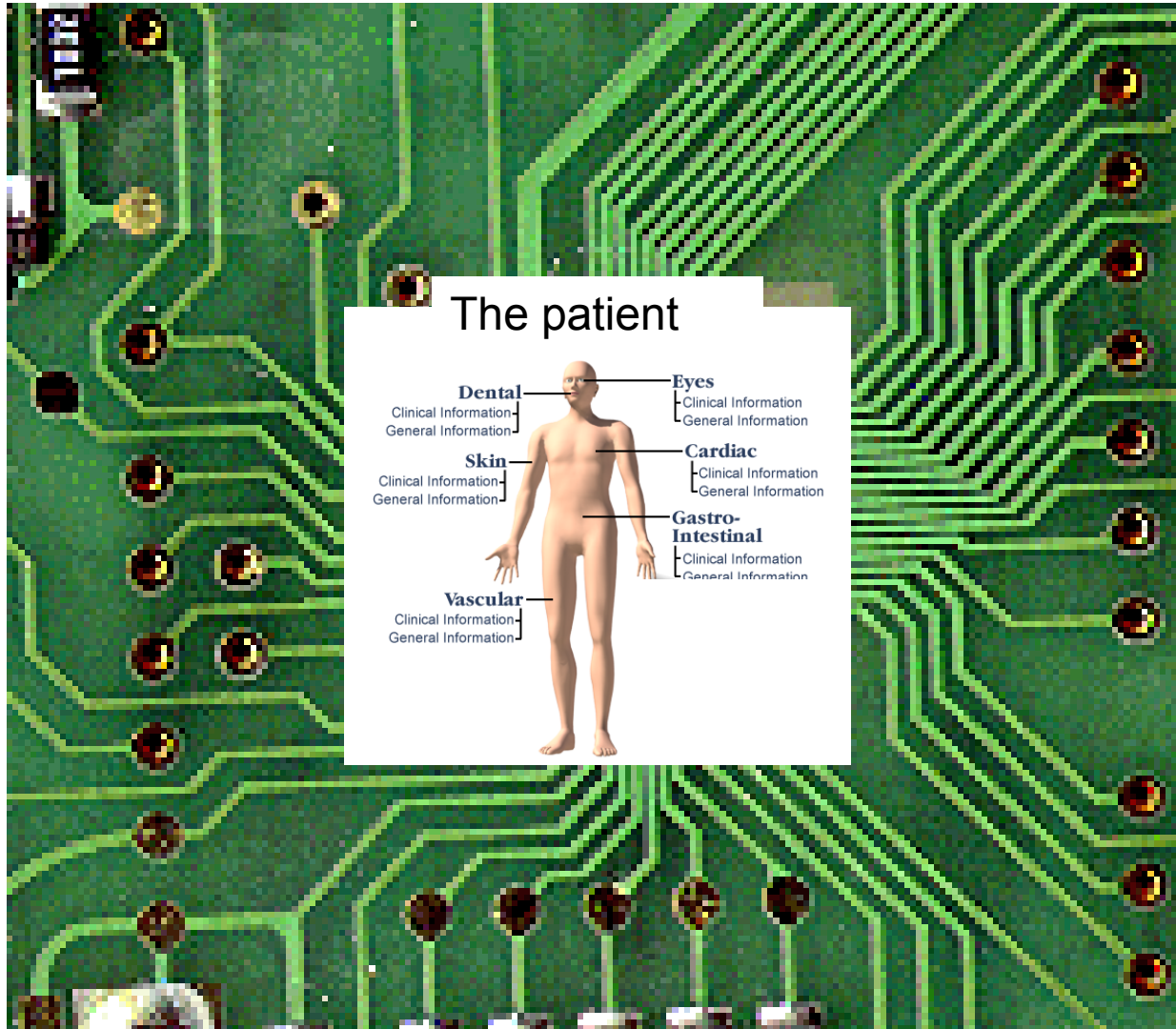
Outcome and quality
monitoring

From here...



...to here?

Who
Where
Why
When
What
By whom
How
Prior risk
Outcome:
expected &
actual



Clinical workflow
Booking
Scheduling
Real time
Resource planning
Interactive
Virtual linking of information (not monolithic systems)

The way ahead - 1

- Business before information; information before technology
- Process management before process monitoring
- Use what exists - innovative analysis before new collection; learn from other sectors
- Indicators for investigation; metrics for targets

The way ahead - 2

- Information & indicator standards; & data quality
- Primary & Social Care information
- Prevention and “risk” cohort management
- Pathways – decision points and management
- Informatics people & skills – and shared services
- Public access to NHS data – www.data.gov



The
Information
Centre

for health and social care

Find out more
0845 300 6016
www.ic.nhs.uk

The central, authoritative source of health and social care information.