

Commissioning Pathways in London



Background

From 2011 to 2012, Optum™ conducted an in-depth analysis of a number of London Trusts to identify opportunities for improvement and savings. After identifying more than 300 individual patient case studies via preliminary analysis, more targeted analysis was conducted, including monitoring of best practice pathways for multiple sclerosis (MS), coronary artery bypass graft (CABG), and overall patient quality improvements.

The CABG audit examined patient notes to understand the reasons for and sources of admissions, the quality of care provided, and delays in treatment and discharge. A number of issues were identified, including notes not completed in chronological order and lack of detail regarding patient care. The details of the audit factored into the QIPP report and informed the new pathway proposed by the Optum multidisciplinary team (analysts, clinicians, contract support and project managers).

Our approach

Optum has a defined methodology which includes:

- Clinical review of CABG and current guidelines (National Institute for Health and Care Excellence (NICE) and MCG (formerly Milliman Care Guidelines))
- Data analysis
- Stakeholder consultation (clinicians, cardiac networks, commissioners)
- Clinical case note audit
- Mapping of current pathway
- Mapping of best practice pathway
- Best practice pathway embedded within contract via service specification
- Automated monitoring of adherence to pathway through the Commissioning and Contracting Application (CCA)

Evidence — Royal Brompton & Harefield

The key points arising from the audit included:

- Patients were being referred to Royal Brompton & Harefield (RBH) NHS Foundation Trust due to lack of other local hospital providers.
- Of the 126 patients admitted for elective first time CABG to Royal Brompton & Harefield, 57% were from Wexham Park.
- A clinical case note audit found that not all patients were having a pre-op assessment; best practice suggests this reduces length of stay (LoS).
- Patients were admitted 1.5 days prior to surgery, whereas an NHS Improvement report on cardiac surgical services suggests a move toward day-of-surgery admission.
- Some patients having an endoscopic vein harvest (EVH) attracted additional charges (based on local price).
- Not all patients received a routine follow-up appointment at RBH; other patients had home care visits post-discharge.

The Optum team recommended and implemented a series of actions including:

- Review pre-op assessments.
- Ensure each patient has a first and follow up outpatient appointment with a surgeon and physician.
- Decommission home care nursing activity.
- Move toward day-of-surgery admission.
- Commission critical care differently, and include a clear service specification on CABGs in the commissioning intentions.

Key benefits and results

- Removes sub-optimal variation in practice and cost from CABG services.
- Ensures best practice in all aspects of care and patient-centred outcomes.
- Achieves financial efficiencies of up to 10 percent of existing CABG costs.
- Recognised savings of £263,955 within the financial year.
- Generates savings by reducing critical care length of stay in accordance with MCG best practice.
- Additional savings generated by decommissioning home care nursing service

