

Non-Specialised Commissioning in Thames Valley and Wessex



Background

In 2009, Thames Valley and Wessex CCGs — TVWCCGs (formerly South Central PCTs) engaged Optum™ to manage their commissioning portfolio for 18 CCGs across 17 London Trusts. As a minority purchaser of London activity (£55m across 17 London Trusts), the CCGs have worked alongside Optum to drive clinical quality and efficiency across the Trusts who deliver care for their 4 million patients. Optum transformed existing commissioner/provider interactions, establishing symbiotic relationships with the Trusts that were proactive, data rich, collaborative, and performance and quality focused. This has resulted in improved adherence to high-quality pathways delivering £23m in savings to the NHS since the programme's inception.

Overview

At the beginning of 2012–2013 the London Commissioning team agreed to implement five Quality, Innovation, Productivity and Prevention (QIPP) plans to focus on improving the quality of services and reduce costs within London. In total, in line with plan, more than £4.7m was delivered and evidenced as efficiency to the TVWCCGs as below:

QIPP scheme	Saving (£)
Auditing and Monitoring Patient Care Delivery	1,974,851
Procurement	33,399
High Cost Drugs Review	79,274
Local Price Review	293,810
Prior Approvals	2,465,193
Total	4,846,527

Based on the following five best practice tenets, Optum has embedded a series of innovations to improve service delivery:

- 1. Contract management** — all Optum contract leads are trained contract negotiators who have developed a strong forensic understanding of each London contract in the past five years of commissioning. The Optum contract managers review each contract line by line to ensure that efficiencies and opportunities can be identified.
- 2. Challenges and savings** — over the past five years, Optum has saved over £23m of evidenced QIPP savings for the CCGs. Optum's QIPP schemes (Commissioning and Contracting Application, local price review, drug review pathway development, audit and demand management) ensure contractual efficiency and value for money. Where Optum identifies any care quality or financial discrepancies requiring further investigation, a clinically led audit team is mobilised to undertake case note reviews within the Trust.
- 3. Accurate forecasting** — using capacity and repatriation plans developed alongside CCG colleagues as a baseline, Optum provides a monthly forecast that accurately captures trends, seasonal variations, challenges and contract intelligence to provide an accurate outturn position for each CCG. This approach has ensured that there are no financial shocks within the system and the CCGs are able to predict outturn positions.
- 4. Detailed reporting** — Optum reports London activity down to CCG and practice level in a timely manner to enable actions to understand and control London performance. Reports are at practice and HRG level.
- 5. CCG partnership** — In line with the detailed reporting, Optum develops joint action plans with each of its CCG partners to keep routine activity (e.g. day cases or simple elective) in local Trusts.

Innovation

Optum has delivered a series of innovations through technology, utilising its Centralised Data Warehouse (CDW), Secondary Uses Service (SUS) and SLAM (Service Level Agreement Monitoring) data from Trusts to analyse for reconciliation and challenge purposes. Optum CDW enables in-depth monitoring of each individual contract to identify trends, e.g. signify unplanned changes in services. The outputs and analysis are made available to contract leads who are then able to build even more intelligent queries regarding patient pathways and activity. The CDW also forms the source of all the reporting out to CCGs.

Service improvement

Optum identified a number of opportunities for improvement in outcomes, spend and better patient care along two care pathways: MS drugs (Natalizimab) and coronary artery bypass graft (CABG) procedures. This approach involved mapping out the current patient pathways, identifying evidence-based best practice pathways, measuring gaps in provider performance against best practice, and recommending a number of changes both clinically and contractually to bridge the gap, improving outcomes for the patient, the Trust and the commissioner. A series of methods were employed to help deliver this savings plan, including data analysis, clinical case note audits, stakeholder engagement and reviews of the evidence. Over £340,000 was identified as a potential annually recurrent saving for the health economy.

Prior to the commencement of Optum collaboration with the CCGs, the data received from the 17 London Trusts, with whom we held contracts, was unfit for commissioning

purposes. Only two of the 17 Trusts provided SUS data in electronic form, the other 14 providing paper-based SLAM data in a variety of inconsistent and unusable formats. The CCGs lacked any process for managing data flows and were unable to review current activity or forecast future trends.

The Optum team worked with each of the London Trusts to co-design and implement improvements in the complex data analysis and collection to enhance data quality. We worked with them to create robust processes to produce quality data. We use the data to analyse activity, and finance and forecast future trends categorised by the Trust, CCG, practise, service, treatment function code and Healthcare Resource Group. This richness of information from the various stakeholders enabled the CCGs and Optum to make informed and evidence-based commissioning decisions.

Pricing approach

Optum has worked with a number of Trusts to deliver innovative alternative pricing structures. For example, in devising best evidence pathway approaches for the aforementioned coronary artery bypass graft and multiple sclerosis services (see Service Improvement), Optum developed a new pricing structure that reflected the costs of the entire patient pathways. This included decommissioning elements of the service that did not support evidenced best care but also reinvesting where necessary. This not only ensured a consistent price for the service but also ensured a consistent quality for the patient. Optum has also identified Trusts with significant service price outliers and worked with them to develop new local prices that reflect the true cost of care delivery. For example, having identified a significant critical care outlier at one Trust, Optum worked with the medical director to devise suitable step-down alternatives and a suitable pricing mechanism.



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