

GIRFT

Getting It Right First Time

ICNARC 18th April 2018

Lovely Bones

- Prof Tim Briggs
- Look at clinical variation in orthopaedics
- Dredged data sources
- Data packs for hospitals
- Visits to hospitalsis this data right?

Variation

- Operations in a day
- Length of stay
- Infection rates
- Implant choice and cost
- Number procedures by surgeon
- Litigation costs

Aims

- Reduce practice variation
- Implement best evidence
- Improve service efficiency
- Save money

Department Health

£60M

Resource Savings (projected)

GIRFT savings target: £240-420m 2017-18, and £1.4bn per annum by 2020-21.

Main contributing specialties to £1.4bn p.a. savings total (2017-21 year cumulative total in brackets):

1. Mental Health	£210m (£327m)
2. Obstetrics & Gynaecology	£141m (£439m)
3. Acute & General Medicine	£108m (£212m)
4. Orthopaedic Surgery	£104m (£392m)
5. General Surgery	£94m (£329m)
6. Emergency Medicine	£83m (£208m)
7. Cardiology	£67m (£140m)
8. Intensive & Critical Care	£61m (£127m)
9. Geriatric Medicine	£60m (£112m)
10. Gastroenterology	£41m (£65m)

Figures will be updated as Trust implementation plans signed off.

ICM data sources

- ICNARC
- HES
- NELA
- ONS
- SNAP2
- ICCQIP

Trust questionnaire

- Staff and costs
- Pharmacy costs
- Beds
- Outreach
- Follow up
- And more

Hospital visit

- Discuss data
- Prepare report for hospital
- Start to prepare national report



Metrics

- Supply against population and deprivation
- Delay in acceptance and repatriation tertiary specialties
- Supply against marker diagnoses from referring specialties
- Risk adjusted outcomes

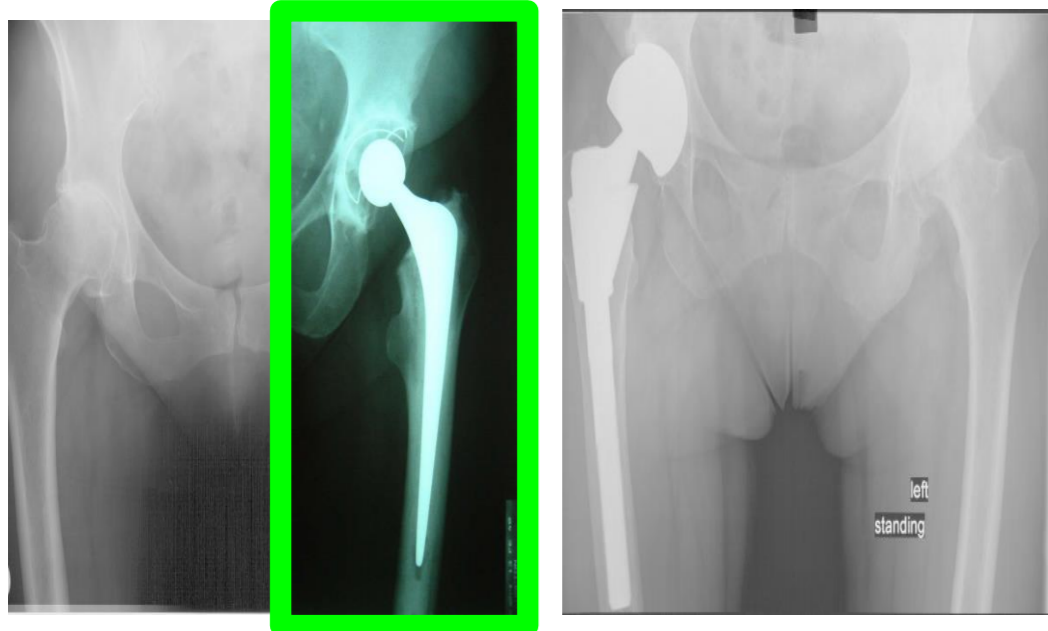
Metrics

- Organ support days per patient and per unit
- Length of stay
- Unit acquired infection
- DVT/PE
- Decubitus ulcers

Metrics

- Cancelled surgery
- Elective surgical admissions
- Emergency surgical admissions
- High acuity admissions from ward

GIRFT Emerging Lessons



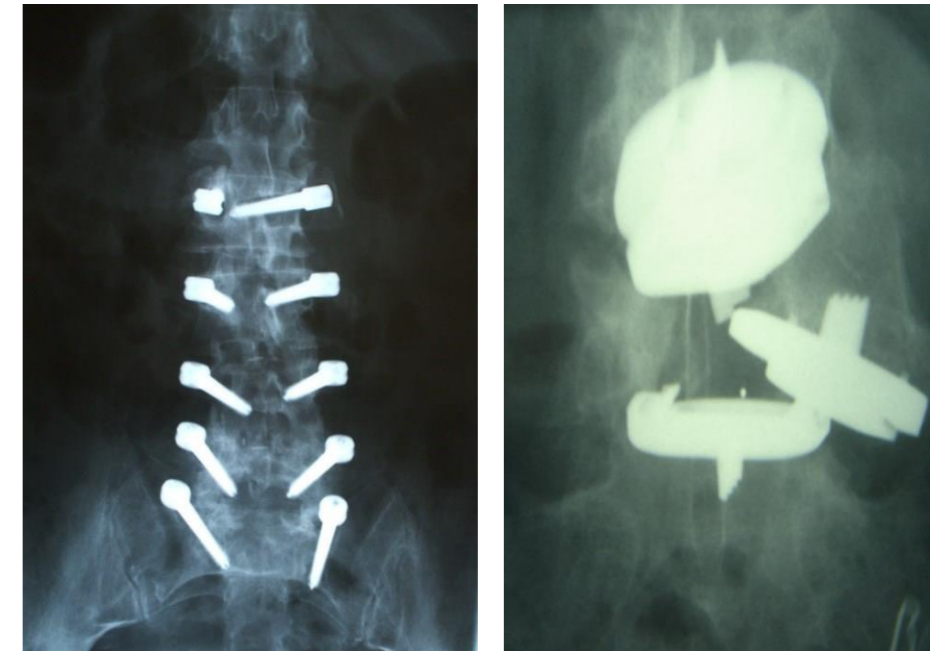
Cemented: **£650** Uncemented: **£5,300**

No evidence that hip on right provides better outcome for over 70s

Huge variation between trusts in litigation averages:

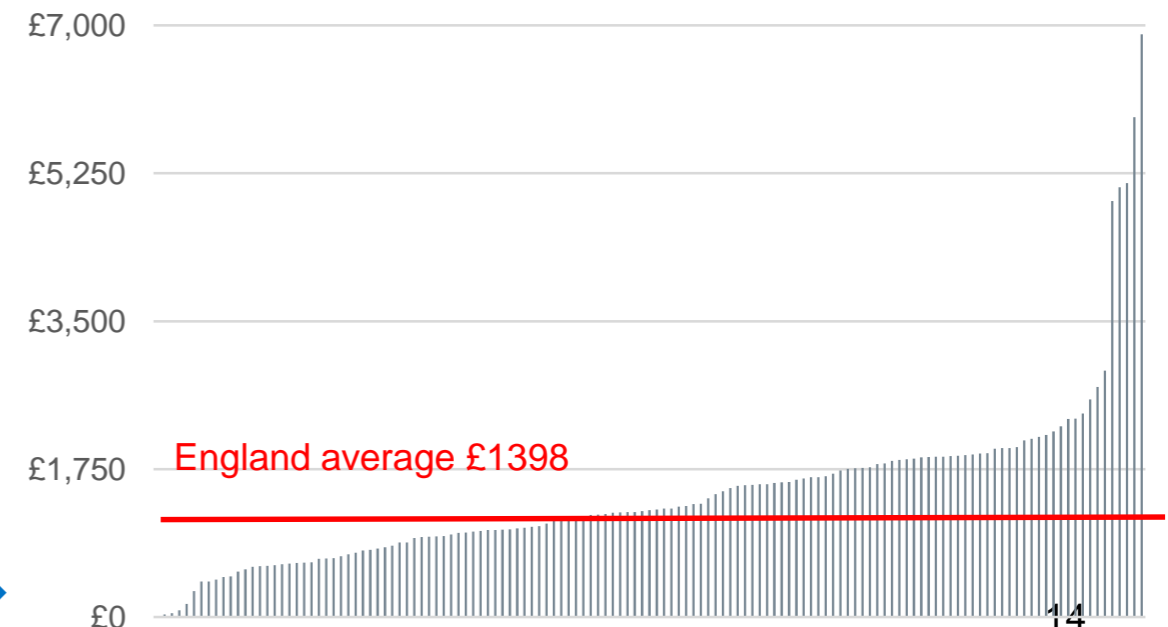
- General surgery: £17 - £477
- Urology: £4 - £117
- Vascular: £1 - £6,353
- Obs & Gynae: £55 - £6,896

Lower back pain surgery costs >£100m per annum with little evidence of efficacy



Obstetric litigation cost per birth years) (5

N = 135, Range = £55 - £6896



And the impacts are already emerging.....

Emerging Themes -Surgical site infections – 10 Trusts in same City

	Nos of Orthopaedic processes reported	% with infections – initial patient spell	% with infections – initial patient spell+ readmission
Trust 1	349	1.43%	1.43%
Trust 2	116	1.72%	1.72%
Trust 3	809	1.11%	2.47%
Trust 4	685	0.58%	0.73%
Trust 5	156	3.85%	4.49%
Trust 6	2657	0.68%	1.05%
Trust 7	454	0.00%	0.22%
Trust 8	544	1.47%	2.21%
Trust 9	--	--	--
Trust 10	521	0.00%	0.19%

0.19% - 4.49%

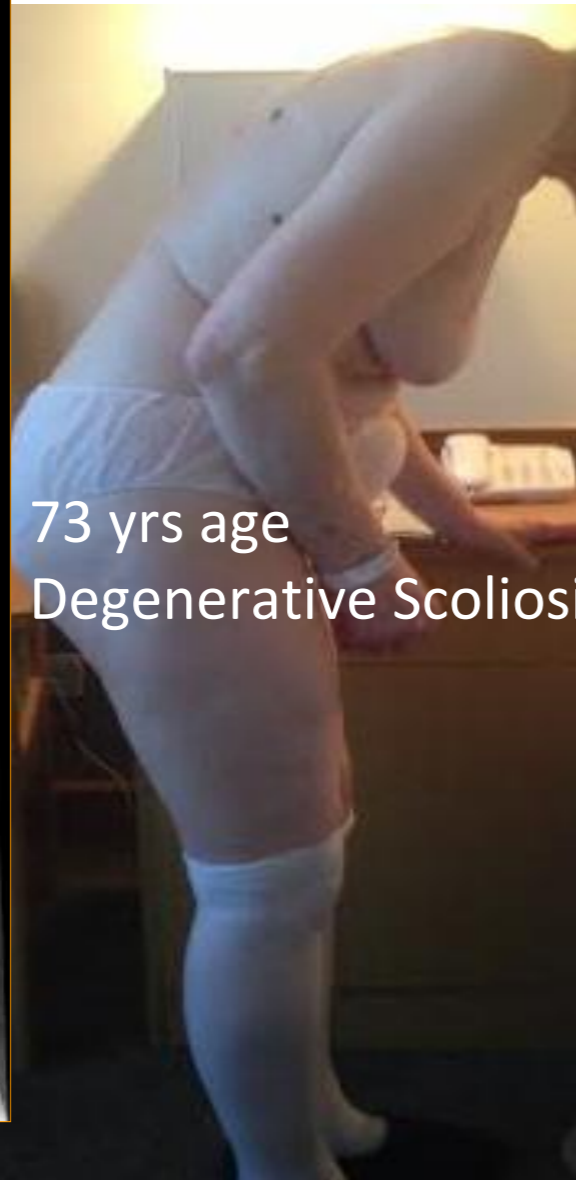


Massive surgery to revise this patient

Revision Ant and Post Fusion

Operating Time 20 hours

7 week stay in Hospital - £80,000



Anonymised Trust

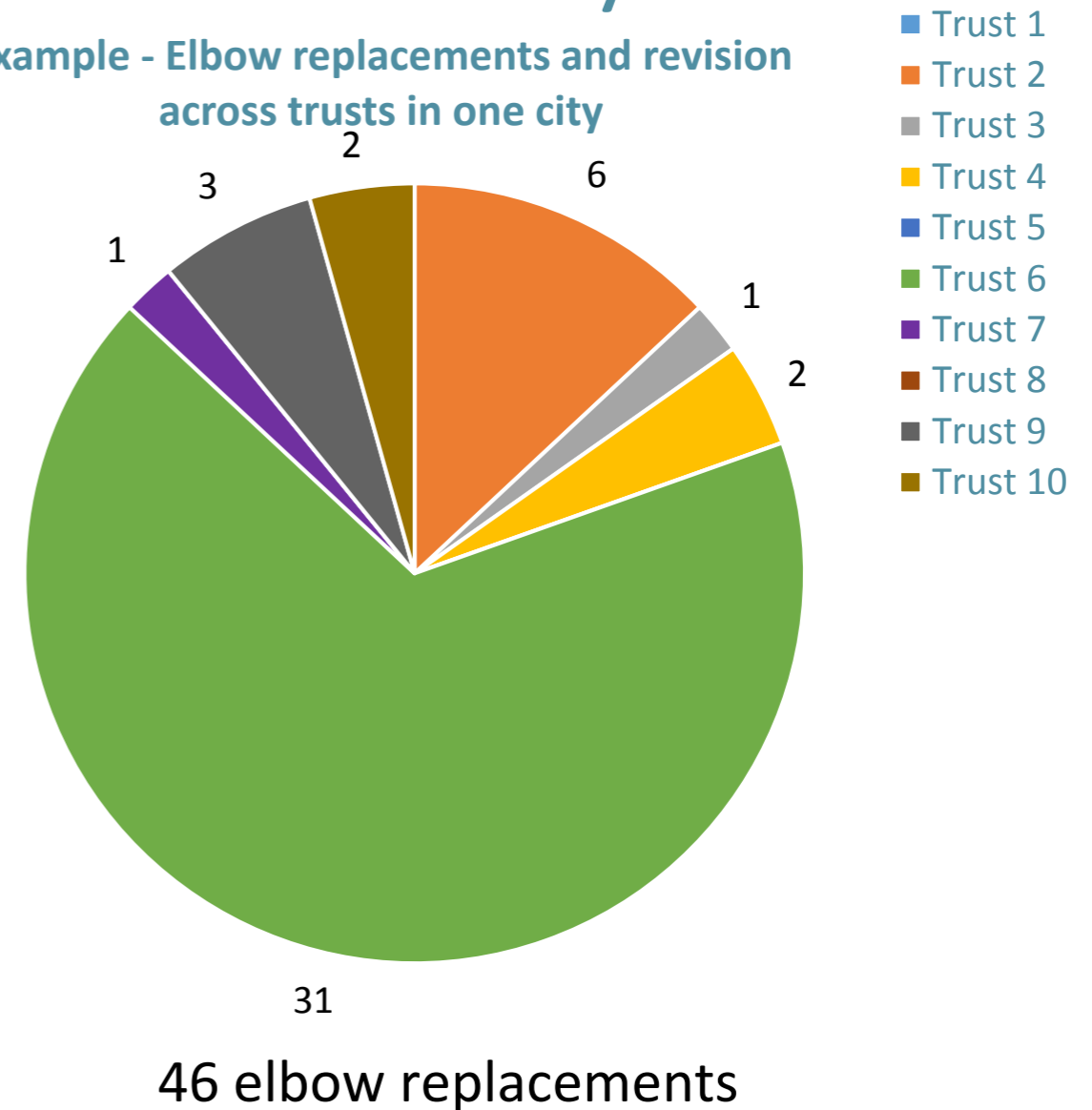
Orthopaedic activity – Primary and revision THR and TKR

Metric	Period	Value
Primary Hip replacement	2013/14	513
Revision Hip Replacement	2013/14	84
Primary Knee Replacement	2013/14	636
Revision knee replacement	2013/14	56 15 surgeons 33% <5 per annum

Low volumes of specialist activity

- Average 21 shoulder replacements per trust (increased by 8 higher volume specialist centres) **Usually 6 at most centres**
- Average **4 elbow replacements** (increased by 11 higher volume centres)
- Average 4 ankle replacements (increased by 11 higher volume specialist centres – **generally less than 2 at most trusts**)
- Average 59 spinal fusions (increased by 15 higher volume specialist centres).

Example - Elbow replacements and revision across trusts in one city



Big problem

- Comparing fruit
- Lack of data to answer many questions
- Use surrogates to get a picture of a unit

Problems

- More to outcome than dead or alive
- No robust follow up data

Metrics

- Readmission to ICU
- Readmission to hospital
- Death in community or on readmission

GIRFT Implementation: local

7

GIRFT Hubs will be set up by autumn, with clinical and project delivery leads who will support trusts, commissioners STPs and ACCs to ...

Build and deliver implementation plans reflecting:

1. The variations highlighted in trusts' data packs
2. The improvement priorities discussed in Clinical Lead visits
3. The recommendations set out in each National Report

Provide concentrated additional resources

for trusts that require intensive support, with trusts helping to pay for additional GIRFT project managers



Disseminate best practice across the

country, matching up trusts who might benefit from collaborating in selected areas of clinical practice



Hubs will work to GIRFT P&I Director & NHSI Op Prod Regional Directors, who will ensure GIRFT delivery is fully embedded in NHSI Regional SMTs' plans

