Getting It Right First Time

Diabetes Workstream Update
Introducing GIRFT

- Led by frontline clinicians who are expert in the areas they are reviewing
- Innovative use of data sets to identify unwarranted variations in the way services are delivered
- Peer to peer engagement helping clinicians and managers to identify and deliver changes that will improve care and deliver efficiencies.
- Support across trusts, CCGs and STPs to drive locally designed improvements and to share best practice across the country.

Programme Objective

A clinically led programme implementing recommendations locally and nationally across 35 clinical specialties to reduce unwarranted variation, improve the quality of patient outcomes and deliver operational productivity improvements that translate into resource savings of £240-420m in 17-18 and c.£1.4bn p.a. by 20-21 (c.£3-4bn cumulative 17-21).

Clinical Improvements

- Reduction in average length of stay and increased same day admission for elective surgery
- Reduction in post-op infection/complications and readmission
- Clear policy guidelines for a basket of major treatments & improved selection of surgical implants
- Standardisation of what is meant by best practice & discussion on appropriate levels of clinical autonomy
- Improved surgical success rates by consolidating complex cases among high-volume surgeons
- Improved patient pathways for mental health patients
- Improved provision of out of hours imaging for emergency cases
- Reduction in surgery that has poor proof of efficacy
- Strengthened ‘front door’ with senior surgical input to reduce unnecessary emergency admissions.
Unwarrented Variation

Variation in hip & knee deep infection rate within one city. If all trusts got to 0.19% this would save the NHS £2-300m p.a, enough for 60,000 replacements.

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

Cemented: £650  Uncemented: £5,300

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

Litigation: huge variation between trusts in averages:
- General surgery: £17 - £477
- Urology: £4 - £117
- Vascular: £1 - £6,353
- Obs & Gynae: £55 - £6,896

Obstetric litigation cost per birth (5 years)
N = 135, Range = £55 - £6896

England average £1398
GIRFT Regional Hubs

- The 7 GIRFT Regional Hubs, formed last autumn, will have all gone live by the end of June, which means that they are now in a position to start providing systematic support for each trust in the region to deliver the priorities agreed with the GIRFT clinical lead for each specialty.
- In most regions they are collaborating fully with NHS and Op Prod regional teams in a ‘one team’ operating model.
- They are starting to deliver joined up support at STP level alongside RightCare and NHSE programmes as set out under collaboration MOUs signed in February.

<table>
<thead>
<tr>
<th>Regional Hub</th>
<th>Hub Director</th>
<th>Contact</th>
<th>Go Live Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>Graham Lomax</td>
<td><a href="mailto:graham.lomax@nhs.net">graham.lomax@nhs.net</a></td>
<td>March 2018</td>
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<td>South East</td>
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<td>South West</td>
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<td>East Midlands</td>
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<td>North West</td>
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<tr>
<td>N. East, N. Cumbria &amp; Yorkshire</td>
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<td>April 2018</td>
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## GIRFT Programme Schedule

<table>
<thead>
<tr>
<th>Wave</th>
<th>Workstream Start Date</th>
<th>Data packs to trusts</th>
<th>Workstreams</th>
<th>Total</th>
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<tbody>
<tr>
<td>1</td>
<td>2012</td>
<td>Received</td>
<td>Orthopaedics</td>
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<tr>
<td>2</td>
<td>Jan 2015</td>
<td>Received</td>
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<tr>
<td>3</td>
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<td>Urology, Cardiothoracic, Paediatric surgery, Ophthalmology, ENT, Oral &amp; Maxillofacial, Obstetrics &amp; Gynaecology</td>
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<tr>
<td>4</td>
<td>May 2017</td>
<td>Mar 2018</td>
<td>Emergency medicine</td>
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<tr>
<td>5</td>
<td>July 2017</td>
<td>May 2018</td>
<td>Dentistry, Breast surgery, Diabetes, Endocrinology</td>
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<tr>
<td>6</td>
<td>Sep 2017</td>
<td>Jul 2018</td>
<td>Cardiology, Imaging &amp; Radiology, Intensive &amp; Critical Care, Anaesthetics &amp; Perioperative,</td>
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<tr>
<td>7</td>
<td>Nov 2017</td>
<td>Sep 2018</td>
<td>Renal, Acute &amp; General medicine, Stroke</td>
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<td>Nov 2018</td>
<td>Neurology, Geriatrics, Respiratory, Dermatology</td>
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<td>9</td>
<td>Apr 2018</td>
<td>Jan 2019</td>
<td>Rheumatology, Pathology, Outpatients</td>
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<td>10</td>
<td>May 2018</td>
<td>Mar 2019</td>
<td>Gastroenterology</td>
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<tr>
<td>11</td>
<td>Summer 2018 (tbc)</td>
<td>tbc</td>
<td>Trauma Surgery, Plastic surgery &amp; burns, Mental health</td>
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</tbody>
</table>

**Clinical work streams are already underway:** 32 streams

**Clinical Lead visits already completed:** 1200 visits

**Remaining work streams will all start by summer 2018:** 3 streams

GIRFT now working with NHSE to jointly deliver two additional workstreams: oncology and paediatric medicine. Plus pilots in primary care and care for NHS patients in the independent sector.
GIRFT National Reports Pipeline

Already published:
• Orthopaedics
• General surgery
• Vascular surgery
• Cardiothoracic surgery

Cranial neurosurgery to be published 21st June and urology surgery in late-Summer.

16 further reports scheduled by Oct 2019.

Significant stakeholder consultation in drafting phase including NHS regional medical directors.

Implementation driven nationally (by GIRFT national team) and locally (via GIRFT Regional Hub network) working with NHSI/E regional teams and Spec Com. Work includes support for trusts to remove local barriers to delivery and realign resources where necessary.
South East Hub Implementation Team

Hub Director
Michael Dickson

Clinical Ambassador
Ian Mitchell
(88 day per year)

Clinical Ambassador
Selina Trueman
(88 day per year)

Implementation Managers

Adrienne Bean
Information Manager
Vacant

Razya Hussain
Comms Manager
Under Offer

Tim Gustafson
Stuart Yeomans
Jane Gorman

Heather Sud
Diane Gilmour
Nicky Blanco

Hub Administrator
Crimson Boner

20 Acute Trusts
6 Mental Health Trusts
3 Integrated Trusts
2 Ambulance Trusts
2 Community Trusts
38 CCGs
6 STPs
GIRFT Diabetes Workstream

Joint Clinical Leads Gerry Rayman & Partha Kar

Aims

• Reducing unwarranted variation in hospital care
• Reduce harm
• Improve patient outcomes
• Empower patients with diabetes
• Improve access to day case surgery
• Improve perioperative care pathway
• Reduce LOS
• Reduce readmissions
GIRFT Diabetes Workstream

Focused on Acute Hospitals

Considerations

• Inpatient safety
• Up to 20% of patients in hospital are Diabetic
• Foot Care
• Reducing amputation rates
• Who cares for Type 1 Diabetes
GIRFT Diabetes Timeline

• Pilot visits to four Trusts to test metrics took place in April
• Datapack metrics updated May/June with sign off in June
• Deep Dive commencing in July supported by a questionnaire
• There will be 137 Trusts visits in total with a national report
• This isn’t a Trust only process
GIRFT Diabetes Timeline

More information is available on our website:
http://gettingitrightfirsttime.co.uk/

Questions & comments?
Please send them to:
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