

The power of variation – reducing inequalities

Professor Matthew Cripps
Director, Sustainable Healthcare, NHS England



First Do No Harm

The first Atlas of Variation (2009) – destabilised complacency by highlighting huge and unwarranted variation in:

- Access
- Quality
- Outcome
- Value

Also revealed two other problems:

Overuse – leading to:

- Waste and Patient harm (even when the quality of care is high)

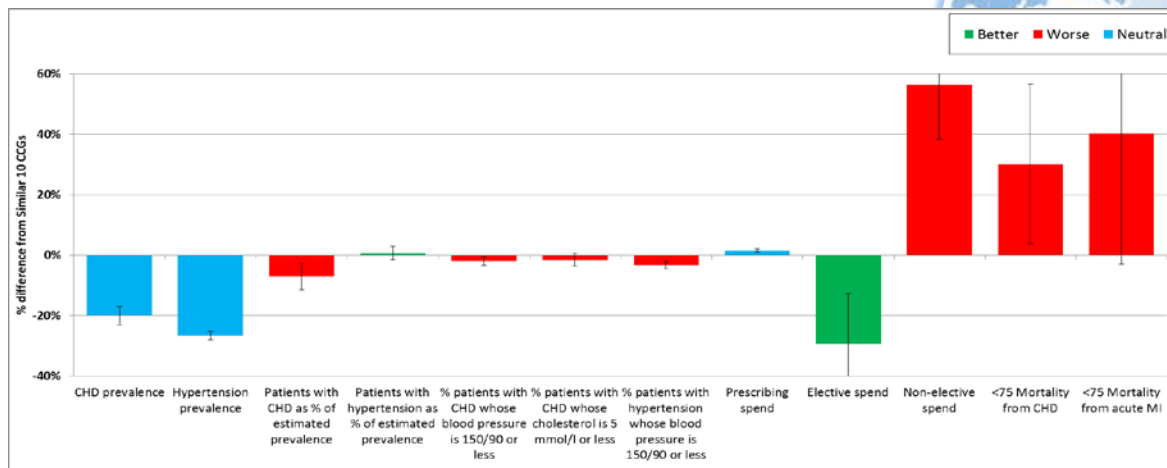
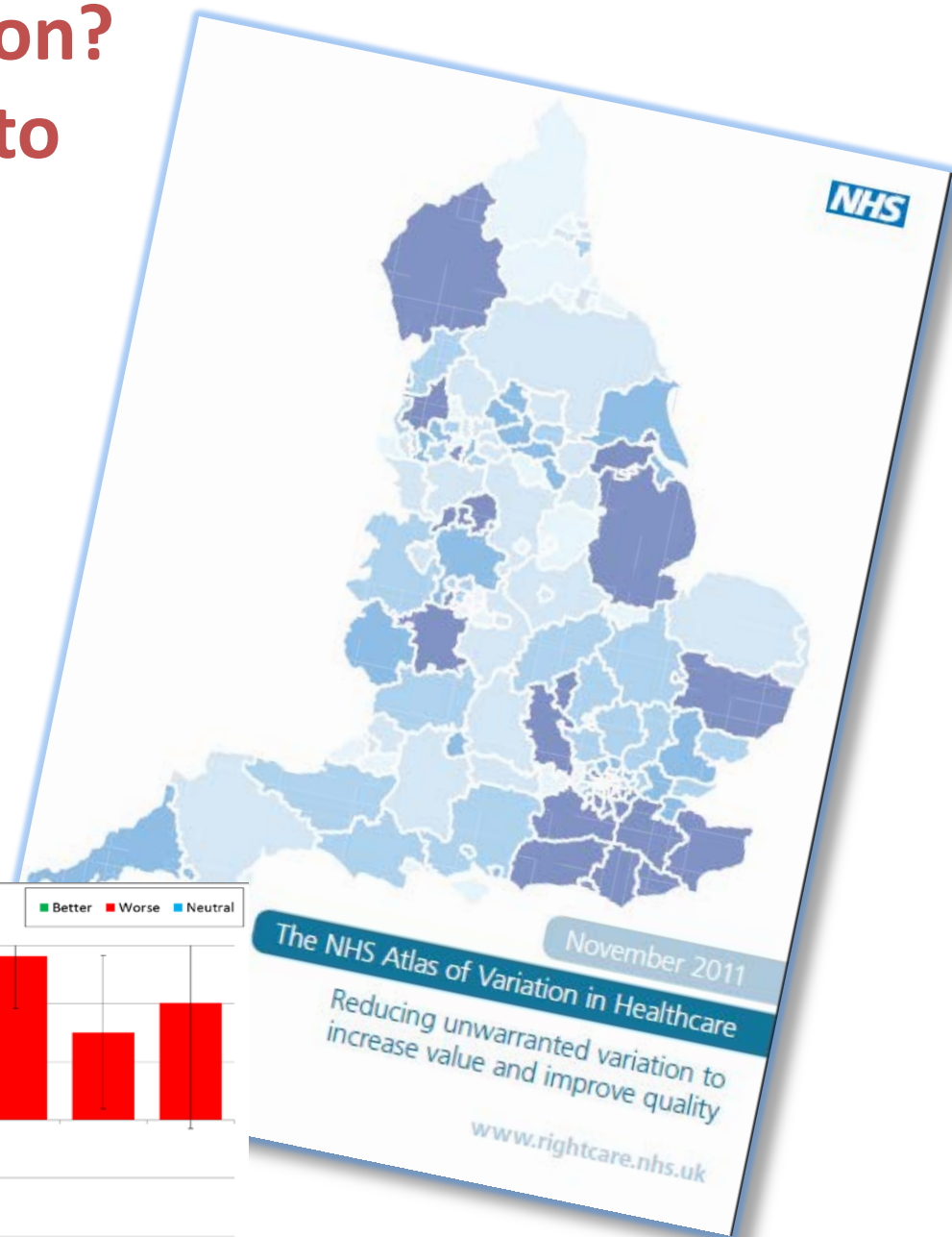
Underuse – leading to

- Failure to prevent disease and Inequity



Why unwarranted variation? Awareness is the 1st step to Improvement...

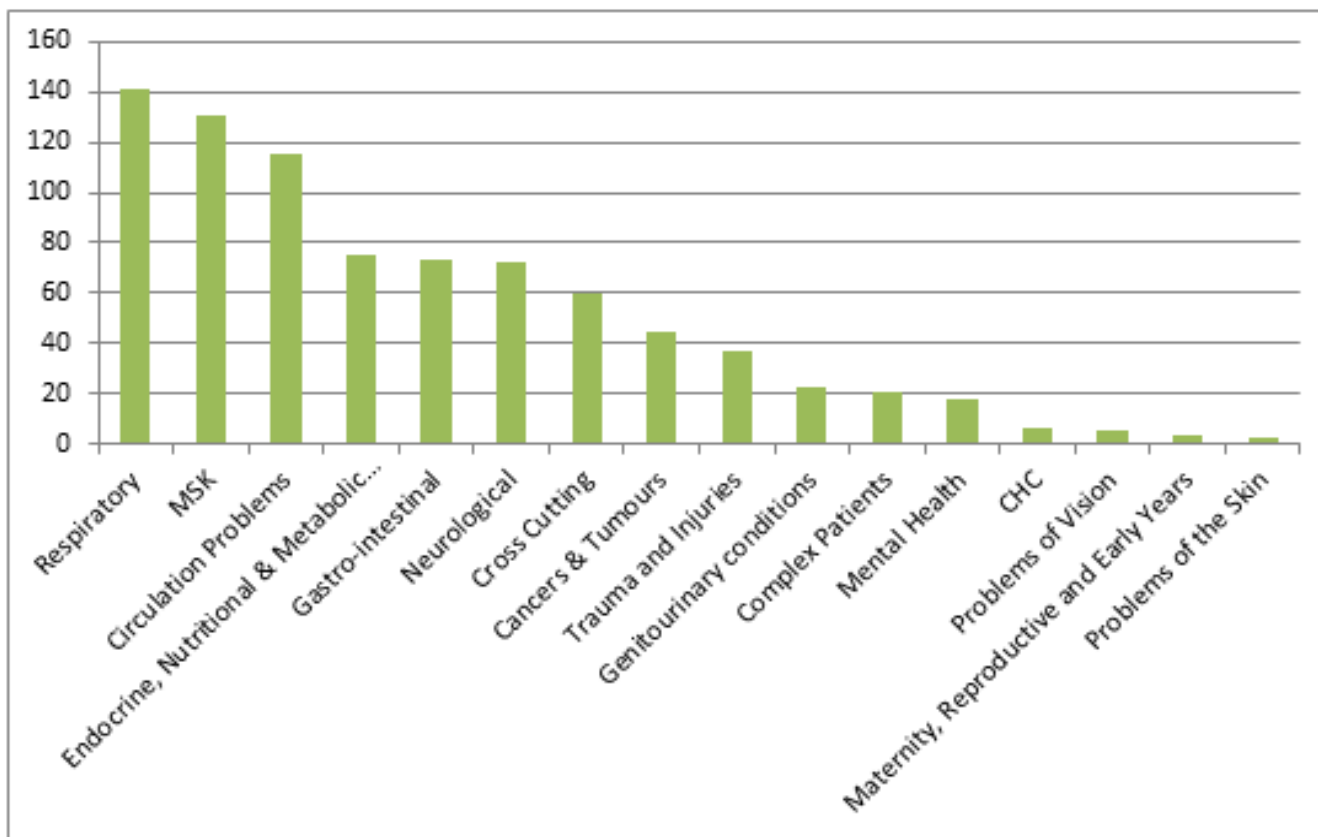
If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place



Impact on Programmes of Care



England



- Where the RightCare approach is used, there is a more positive impact on demand and spend than where it isn't used. All impact via RightCare is due to population healthcare improvement
- In 2017/18 RC ad the largest savings target in the NHS = £490M
Delivery = £610M

- CCGs are delivering 804 NHS RightCare transformation programmes
- Transformations via the RightCare approach focus on primary and secondary prevention
- The approach increases awareness about previously ignored improvement opportunities

The Value Agenda

- Improving population healthcare in a way that drives financial sustainability
- Triple Value

Triple Value	Value For Money – The 3 E's
Allocative	Economy
Technical	Efficiency
Personal	Effectiveness

Clinical leadership in improvement

There is a statistically significant correlation between higher quality, outcomes and patient satisfaction and more clinicians on the boards of NHS organisations

Clinical Leadership and the Changing Governance of Public Hospitals, Public Administration 2015. Veronesi, G., I. Kirkpatrick and F. Vallasca

Clinicians on the Board: What Difference Does It Make?', *Social Science & Medicine*, 77, 147–55. (2013) Veronesi, G., I. Kirkpatrick and F. Vallasca