



Health Data Matters

Healthcare transformation through innovation



Andy Gordon-Jones
Director for Healthcare
Northgate Public Services

Welcome to the second issue of our newsletter - Health Data Matters. I hope you found the last one interesting and informative. We have certainly received some very positive feedback and suggestions on what you would like to see in future editions, which we have incorporated into this latest copy. Thank you for your continued interest.

In this issue we continue to provide a broad range of views on the important issues facing the healthcare market today and how we at Northgate are developing solutions to meet these demands. In particular, we focus on World Class Commissioning and how we are helping NHS County Durham meet this challenge.

We also cover some of the work we are doing with The Information Centre in supporting their strategic objectives, and provide an update on the other national programmes that Northgate deliver. Our opinion piece this time focuses on the recent Department of Health Infomatics Review and how we believe this can be taken forward to make a real difference to the provision of high quality and timely information to the people that need it.

Finally, thank you for your continued support and feedback. Keep it coming!

Best wishes

Patient-Reported Outcome Measures get the official go ahead

The collection of patient feedback on the clinical quality of care, with the subsequent analysis and feedback to stakeholders, is at the heart of the NHS system reforms coming out of Lord Darzi's review. Fundamental in this review was the change in emphasis from quantity to quality, and the Patient-Reported Outcome Measures (PROMs) programme is seen as key to delivering this quality agenda. Northgate have been chosen to deliver this radical change in patient care in the first industrial scale programme of this sort anywhere in the world.

The new Standard NHS Contract for Acute Services, introduced in April 2008, includes a requirement to report, from April 2009, on PROMs. This guidance sets out national standards for PROMs instruments for elective NHS patients undergoing Primary Unilateral Hip or Knee replacements, Groin Hernia surgery or Varicose Vein procedures and their administration across the NHS in England.

Until now, little has been known about the clinical outcomes of NHS services from the patients' perspective. PROMs fill this gap. Their use is strongly supported by clinical opinion and they are already used by non-NHS healthcare organisations.

Research commissioned in 2004 by the Department of Health piloted PROMs with 2,400 patients at 24 sites, and found their use to be cost-effective, and that patients were happy to participate.

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"If Quality is to be at the heart of everything we do, it must be understood from the perspective of the patient."

Next Stage Review, June 2008.



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Demand Manager

Getting the most from your money

Official statistics released recently show a dramatic increase in GP referrals, up by 300,000 or 12.6% when compared to the same three months of last year (July - September). This rise will cause problems for both providers and commissioners as they seek to manage demand with limited money and resources.

But the figures show that the rise is not consistent across all organisations and all conditions. In order for hospitals to provide sustainable local health services they must understand the reasons behind patterns of referrals. In this way they can develop strategies to deliver the best outcomes for their patients within the available funding envelope.

The first stage in determining the appropriate strategies is analysis of the data. Once you can see details and trends in the GP referral data you can begin to influence their pattern.

Northgate can provide you with the answers to these questions right now. Our Demand Manager service helps both Providers and Primary Care Trusts deliver outstanding performance in the way that they commission and deliver healthcare services to patients.

The innovative service provides providers and commissioners with easy on-line access to national performance information. Providers can access information on all the referrals they have treated as well as those that went elsewhere. Similarly, Commissioners not only gain access to all referrals for which they are responsible but they can also compare their performance with those of others with similar catchment populations. The hosted, web-based system provides information in tabular, graphical and map-based formats enabling investigation of important questions such as:

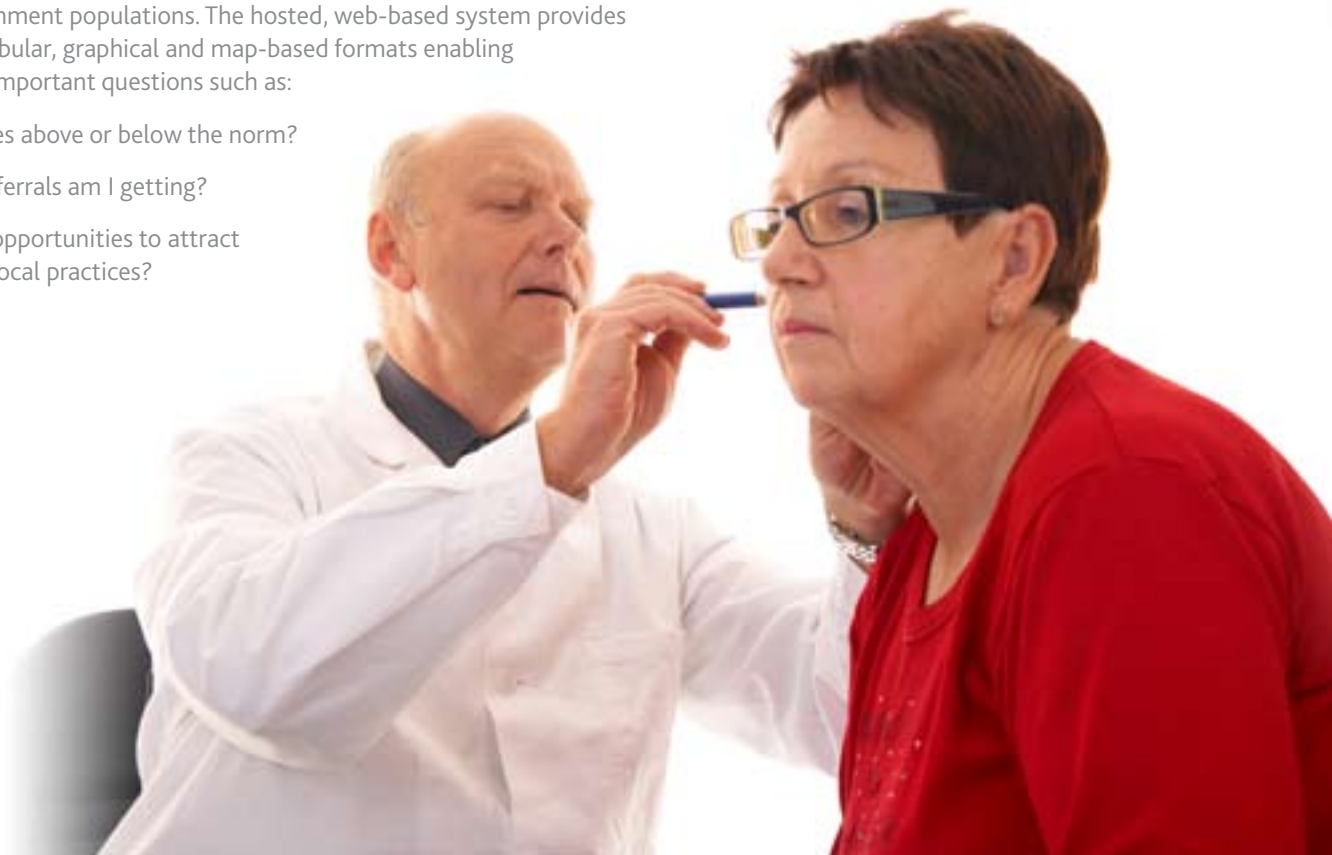
- are referral rates above or below the norm?
- what sort of referrals am I getting?
- where are the opportunities to attract referrals from local practices?



Free access for two weeks

In order to show you how the system could help you we are offering a two week trial of the system **free of charge**. You can be set up in minutes and evaluate the system for your own organisation. If you wish to continue the service after this time, full time access can be provided in a day.

If you would like to arrange a two week trial, or for more information, please email health.solutions@northgate-is.com. We will be happy to arrange access for your Trust today.



The impact of HRG4

HRG4 (Healthcare Resource Groups) tariffs are set to be published in December for the 2009/10 contracting round. This will more than double the number of groupings from the 650 available under HRG3.5 to around 1400.



The tariffs will encompass areas previously included in the core HRGs and which are now unbundled. These include Chemotherapy, Radiotherapy, Specialist Palliative Care, Critical Care, Interventional Radiology, high cost drugs, Diagnostic Imaging and Rehabilitation.

Operating at a higher level of detail, HRG4 funding flows should, in principle, be more sensitive to actual service provision and ensure that the money goes to where the costs are incurred. The main proviso is that the 2006/07 and 2007/08 reference cost collection rounds have provided a sufficient basis to set an accurate tariff. Since the cost collections for these years have relied predominantly on top down apportionment methodologies where the main cost driver is length of stay, the service can still expect to find some areas of over and under funding.

The Department of Health has also warned that clinical coding is still catching up with HRG4, with only 30% of trusts submitting costs for chemotherapy and 10% for radiotherapy in 2006/07. Among those that did submit, there were very large cost differences.

A draft HRG4 tariff was tested in the West Midlands and trust income was found to fluctuate by up to 18%. If such dramatic shifts in funding levels for individual organizations are realized, there will be a significant incentive to reconfigure services. To some extent HRG4 will make a degree of service reconfiguration inevitable as the increased granularity of the tariff allows separate elements of the care pathway to be delivered by different providers.

The Way Forward

One of the essential tools in meeting the challenges posed by HRG4 is a service

line reporting system that uses patient level costs and is capable of reporting spell-based contract income at episode level. In partnership with Northgate, PSCAL are able to provide such systems. We believe that anything less than this will not provide sufficient confidence that the reported financial position of a unit in the organisation bears any relation to the real efficiency and profitability of its service provision.

Mark Gorman
Senior Consultant, PSCAL

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NHS County Durham - Driving innovation through information

The latest Microsoft technology is being harnessed to ensure World Class Commissioning at NHS County Durham can support its commissioners in being responsive to local needs and basing decisions on the best available evidence.

Northgate has been working with NHS County Durham for 6 months to develop a dedicated WCC Desktop portal to act as the focal point for its information resources involved in effective commissioning and turning its wealth of data into meaningful, up-to-date information and intelligence, aligned to the commissioning cycle.

This 'one-stop' resource is being developed using Microsoft Sharepoint and brings together, in a single location, the organisation's full range of trusted information resources - datasets, documents, web sites and analytical tools - to ensure commissioning decisions are based on the best available evidence. Access to information is quick and intuitive with users of the system directed to the appropriate information through locally defined programme assurance processes that reflect the workflow of public health, commissioning teams and information analysts.

"It was important that the WCC Desktop supported all users across the PCT" said Amanda Hume, Executive Director of Performance, Delivery and Contract Management. "From the Chief Executive to the information analysts the WCC Desktop should present information in a way that is meaningful and timely. We see the Desktop as a major step forward; moving us away from the traditional silos of information to a comprehensive, single and authoritative information portal."

Within the WCC Desktop data analysis is interactive. It supports national comparisons and brings together a variety of data sources, with users able to cross-reference external web sites, national and local policy and guideline documents, and access thematic, map-based analyses of their own catchment populations. *"The WCC Desktop will be a major advance in ensuring our commissioning decisions are based on health needs of our population. It will also aid efficiency as it eliminates replication, and it boosts transparency – people can see what we are doing."*

Amanda Hume added: *"We are on a developmental journey as World Class Commissioners this desktop we are putting in place represents a fundamental and valuable catalyst for our commissioning decisions. Now we are commissioning for healthy outcomes through innovation and information. That's what we are here for – to improve health and reduce inequalities. We are excited about seeing the changes happen that will benefit the people of Durham and Darlington."*

Resources that can be accessed within the WCC Desktop include:

- Management of demand and patient choice
- Patient pathways
- Service capacity and capability
- Population analysis and service planning
- Disease prevalence
- Demographic and socio-economic data
- Service line management
- Document management
- Programme assurance and workflow
- Executive Dashboards and KPIs

Clinician Feedback at the National Joint Registry



In October, Northgate launched the Clinician Feedback service, delivered under its contract with the Healthcare Quality Improvement Partnership for the National Joint Registry. To date, the NJR has only been able to provide summary data to surgeons which does not enable them to assess the care that has been delivered either by them or in their name.

The service enables surgeons to analyse their data within the wider context of hospital, sector (NHS and Independent Healthcare) and national benchmarks, and to assess and understand any differences highlighted in clinical practice. It also enables clinicians to assess how this changes over time, by viewing their data within a statistical control chart, thus providing early visibility of any trends apparent from the NJR data.

Developed in collaboration with consultant orthopaedic surgeons, the Clinician Feedback service received extremely positive feedback when demonstrated by the British Orthopaedic Association at its Annual Congress in September. It is planned to extend the service to include additional comparators, and the development of a similar service for orthopaedic implant manufacturers and suppliers is currently under consideration.



“Never mind the wait, feel the quality”



Richard Armstrong
Head of Health Solutions
Northgate Public Services

It is widely recognised that the main instruments available to measure the success of healthcare delivery today are pretty crude.

These broadly focus upon waiting time, readmission and mortality rates. If your knee is replaced within 18 weeks of a GP referral, you live and are not subsequently readmitted to hospital, current indicators would suggest this to be a successful outcome. In fact, a patient may be in greater pain post operatively, and may on reflection wish they had not undergone the surgery. This is not information currently available for analysis and interpretation to the health service.

Whilst the desire to provide a much more objective and broader assessment of healthcare delivery is far from new, the momentum behind Darzi's next stage review: High Quality Care for All is making this a reality. From April this year, patients having surgery for hip and knee replacements, hernia or varicose veins have been invited to fill in pre and post operative questionnaires, providing their assessment of the care they have received, and rating how much better they feel.

“The beauty of PROMs is that they measure the success of operations as reported by patients themselves” says Lord Darzi. “This programme is the first of its kind in the world and the information collected will empower patients to choose a hospital that achieves the best results for the operation they need.”

First PROMs data will be available at the end of the year.

Collecting such data, however, is only half the challenge. The value of this Programme lies in the use to which the resultant data is put. Hospital Episode Statistics data has been routinely collected from the NHS since 1989. It is fair to say that the real value of this data has only been made available to the NHS in recent years, through the likes of NHS Comparators and through organisations such as CHKS and Dr Foster. Indeed, it may be argued that the true value of this data has still not been fully exploited. This is demonstrated through the recent consultation issued by the NHS Information Centre inviting stakeholders to respond to a list of around 400 indicators that may be used to measure quality of care. The prevalence of HES-based indicators

suggests that there continues to be an unmet demand for delivery of timely, HES-based indicators across the NHS, not least of which for delivery to clinicians themselves. The point here being that simply collecting the data will not in itself drive change. The true value will come from the presentation of this data back to its stakeholders: patients, clinicians, NHS management to inform decision making at all levels. This may sound obvious, but it doesn't happen overnight - look at the HES example.

Opinions vary regarding the relevance and appropriateness of individual indicators as an assessment of healthcare quality and outcome, as the IC's consultation will no doubt show. Standardisation and adjustment of the data, to enable like-for-like comparison is clearly important, but so too is the availability of the data back to stakeholders in digestible, easy to understand format.

I personally am very excited about being part of this journey. I don't underestimate the challenges ahead, but firmly believe that the move to a broader, more objective set of outcome and quality indicators is the right one.

Simply collecting the data will not in itself drive change. The true value will come from the presentation of this data... to inform decision making at all levels.

PROMS *(continued from front page)*

The potential benefits of routine collection of PROMs data, and derived measures of the efficacy of care, include the following:

- Supporting patients and GPs to make choices over treatment (including making the data available through NHS Choices)
- Supporting clinicians and managers to benchmark their own performance
- Supporting commissioners to judge the quality of care offered by their providers, including assessing intervention thresholds and pathways
- Use in the new DH Outcomes Framework agreed in the Comprehensive Spending Review
- Supporting reduction of inequalities
- Strengthening audit and research.

Adherence to the national standards by Trusts will ensure comparability of data across the NHS in England. They are based on the results of comprehensive research and piloting of PROMs in the NHS.

The PROMs used to collect data from patients will comprise a condition-specific instrument and/or a generic instrument, in addition to more general patient-specific information. The patient-specific questions comprise socio-demographic questions and questions about the patient's general health, previous surgery for the target condition, co-morbidities and length of time with the condition.

Northgate is working in partnership with Quality Health and CHKS to provide the PROMs services to the Department of Health. Quality Health are the market leaders in patient and staff surveys across the NHS and CHKS are widely regarded as the industry experts in risk analysis and case-mix adjustment methodologies and the presentation of health data.

The results will make it possible to assess how successful the procedure was in improving the patient's health from the patient's perspective. It will also improve commissioners' and clinicians' ability to assess how effective procedures have been. Northgate in partnership with CHKS will also be responsible for carrying out part of the statistical aggregation and adjustments of the data for presentation to the NHS, patients and the public.

The award of the contract builds upon the work that Northgate currently carries out for the NHS Information Centre for health and social care on Hospital Episode Statistics (HES) and for Healthcare Quality Improvement Partnership (HQIP) in delivery of the National Joint Registry.



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About Northgate Public Services

Teamwork, transformation, results. These three words summarise what you get from Northgate. Most of all results.

Northgate is a public sector and utilities specialist that operates within strategic client partnerships to make change work for you. We help you transform your business processes and customer experience cost-effectively.

Northgate works with every maternity hospital, every police force in the UK and 80% of UK local authorities. The company was founded in 1969 and has over 6,000 employees.

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