

South Nottinghamshire Integrated Care

Benchmarking and Better Care scheme analysis

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Draft

Introduction

This pack is designed to give a very high level view on the benefits that may be associated with Better Care fund schemes in the three county CCGs. We have done this in two ways – by looking at the overall ambition of the schemes compared with other areas where we have worked and by benchmarking current performance to give an indication of the scale of improvement possible.

We have benchmarked the relevant trusts using the following indicators:

1. Delayed transfers of care
2. Admissions per 100,000 patients
3. Average length of acute stay

When analysing these indicators, we have looked at national benchmarks but also compared them with them with the following health economies , where we have done work and know the scale of their ambitions:

- Mid Nottinghamshire
- Northamptonshire
- Lincolnshire

Other health economies have much higher targets but expect to make a higher investment

Metric	Example 1	Example 2	Example 3	Facilitated by
A&E attendances	Decrease 10% for over 75s Decrease 20% for over 65s	12% reduction overall	30% reduction for over 65s	Proactive community support teams to support frail and elderly. Crisis response team for patients at risk of being admitted. Support to primary care and ambulance service to direct to most appropriate care location. Community discharge programmes
Emergency admissions	Decrease by 20% for over 65s	9.5% reduction	30% reduction for over 65s	
Readmissions	n/a	10% reduction in 30 day rate	n/a	
Reduction in long term care	15% reduction for over 65s	25% reduction in long term care	30% reduction in residential home spend	
Length of Stay	Reducing average length of stay from 7 to 5 for over 75s	12.6% reduction in overall bed days	23% reduction for one trust 8% for another	
Investment	£9m	£14m	£35m	

Significant savings may be possible based on other economies targets even with lower investment

Approach

We have estimated the benefits achievable from the Better Care schemes in the three county CCGs using similar schemes that we have seen elsewhere. We have scaled these to the level possible in South Notts using three different methods: population, number of acute admissions and level of investment.

We have made use of the following standard groupings rather than looking at the individual interventions as many of them work together.

1. Support to thrive (S2T)
2. Transfer to assess (T2A)
3. Choose to admit (C2A)

	South Notts benefits	Est benefits scaled by pop	Est benefits scaled by acute admissions	Est benefits scaled by expected investment
Support to thrive	Tbc	£2m-3m	£2m - £3m	£0m-2m
Transfer to assess	Tbc	£20m - £30m	£20m - £30m	£2m-£4m
Choose to admit	Tbc	£15m – £25m	£15m - £25m	£3m-£5m

Looking at the size of the population and the number of acute admissions you would expect very large benefits to be possible if schemes were implemented similar to ones that we have seen elsewhere. However these schemes all required significant investment and using this as a scaling factor makes the benefits more modest – although still higher than current plans.

Note that this analysis makes no consideration of the varying level of current performance and so opportunity in other areas.

The high DTOC figures are in line with the national median at NUH but below upper quartile performance

Delayed transfers of care

The table to the right shows that South Notts has a relatively reasonable monthly average DTOC per 100 admission than the three other acute trusts under consideration and also England as a whole. Only the two trusts in Lincolnshire have performed better than NUH. For non-acute trusts, South Notts has a higher DTOCs per 100 admission than all other areas.

NUH is in line with the national median and so has some room for improvement – 2 per 1000 admissions compared with the upper quartile. It is low compared with some other health economies that are targeting significant savings in this area, suggesting that it is unrealistic savings to expect savings of £5m + as they have.

Area	Acute Trusts	Monthly avg DTOCs (Sep to Nov 2013)	Monthly avg admission	Monthly avg DTOCs per 100 admission
South Notts	NUH	988	16,019	6
Mid Notts	Sherwood Forest	875	6,922	126
Northants	Northampton General	884	8,020	11
Lincs	United Lincs	648	12,730	5
	Northern Lincs & Goole	181	8,701	2
England		119,844	1,262,136	9

Acute trusts quartiles	Monthly average delayed transfers of care per 100 admissions (Sep to Nov 2013)
Upper quartile (better performing trusts)	4
National median	6
Lower quartile (worse performing trusts)	10
National mean	8

Area	Non acute Trusts	Monthly avg DTOCs (Sep to Nov 2013)	Monthly avg admission	Monthly avg DTOCs per 100 admission
South Notts	NHT	1,140	356	320
Northants	Northants Healthcare	396	201	197
Lincs	Lincs Community	163	150	109
	Lincs Partnership	132	100	132

NUH is a high performer in terms of length of stay

Average length of acute stay

We have identified 15 trusts as a comparable peer group to NUH. We selected these peers based as those most similar in terms of volume and case mix.

NUH is a high performer on this metric – it is significantly better than the national average and in the upper quartile compared with its peers. This suggests a limited opportunity for improved performance overall but there may still be specific specialties or types of patient that could be targeted so it is worth considering this more detailed analysis.

Peers	Mean Los
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	3.9
England	5.2
Peers upper quartile	4.0
Peer median	4.2
Peer lower quartile	4.5

Peer trusts	
1	BARTS HEALTH NHS TRUST
	THE NEWCASTLE UPON TYNE HOSPITALS NHS
2	FOUNDATION TRUST
3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION
4	TRUST
5	LEEDS TEACHING HOSPITALS NHS TRUST
	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION
6	TRUST
	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS
7	FOUNDATION TRUST
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
9	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
10	MID YORKSHIRE HOSPITALS NHS TRUST
11	SOUTH LONDON HEALTHCARE NHS TRUST
	UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS
12	TRUST
13	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
14	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST
	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION
15	TRUST

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