



Engagement Value Outcome



EVO COLLABORATORS



The Leeds Teaching Hospitals
NHS Trust



Manchester University
NHS Foundation Trust



Nottingham University Hospitals
NHS Trust

Royal Free London
NHS Foundation Trust

QSIR
(Quality, service improvement and Redesign)



FUTURE
FOCUSED
FINANCE

FINANCE
INNOVATION
FORUM



ONE NHS
FINANCE

FUTURE
FOCUSED
FINANCE

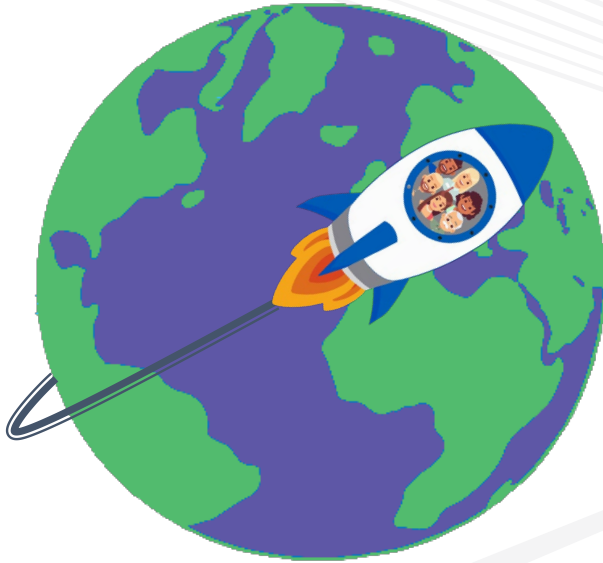
FINANCE
INNOVATION
FORUM



ONE NHS
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FUTURE
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FORUM



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FINANCE

WHO TAKES PART?



Disciplines



Finance



Clinical



Project

Champions



Finance Champion
Chief Financial Officer
/Director of Finance



Clinical Champion
Medical/Clinical
Director



Project Champion
Transformation /Improvement
Director



Flight Crew

Leads



Finance Lead
Head of Costing /Senior
Costing accountant



Clinical Lead(s)
Head of Specialty
/Service
/Lead consultant



Delivery Lead
PMO Manager/
Transformation Manager



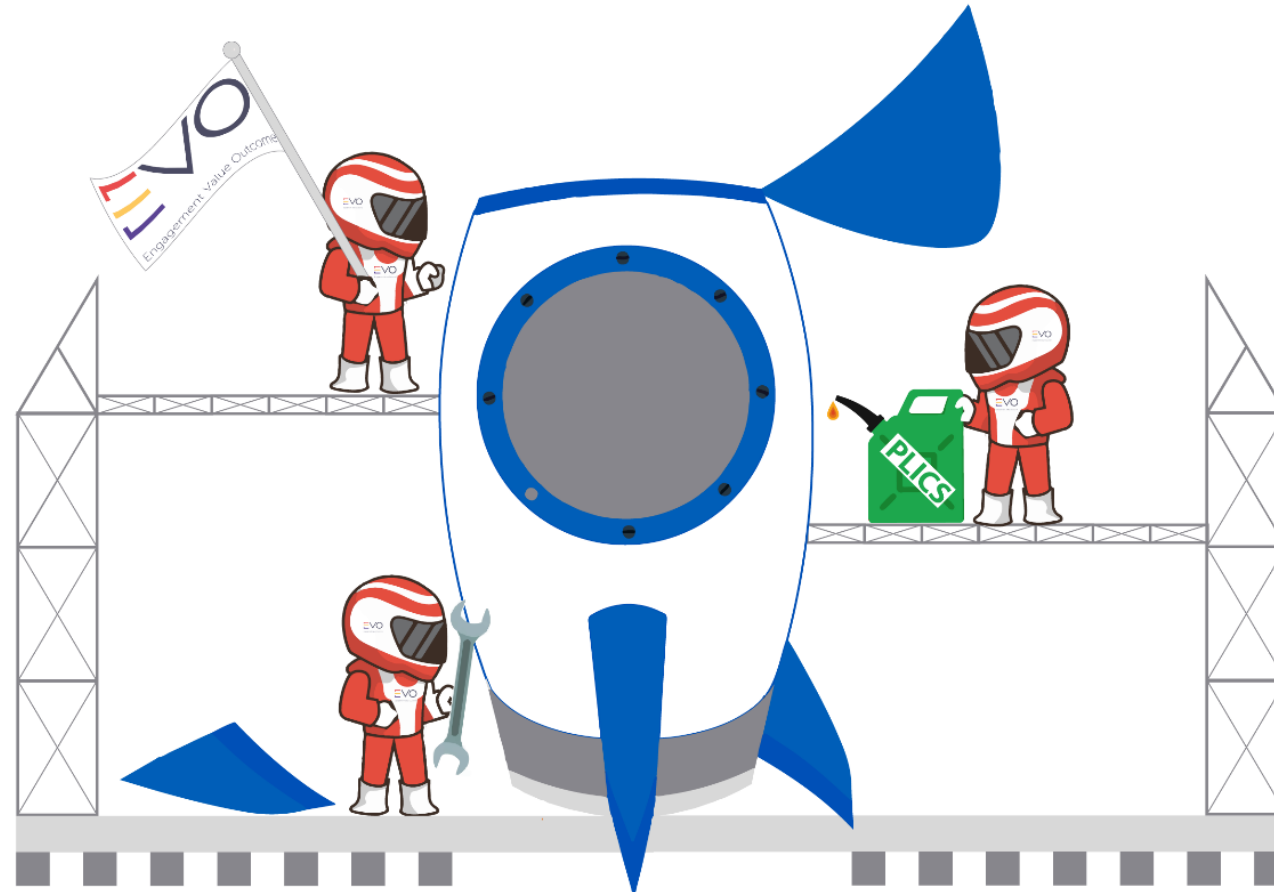
Improvement Lead
Service improvement
manager / QI manager

Participants

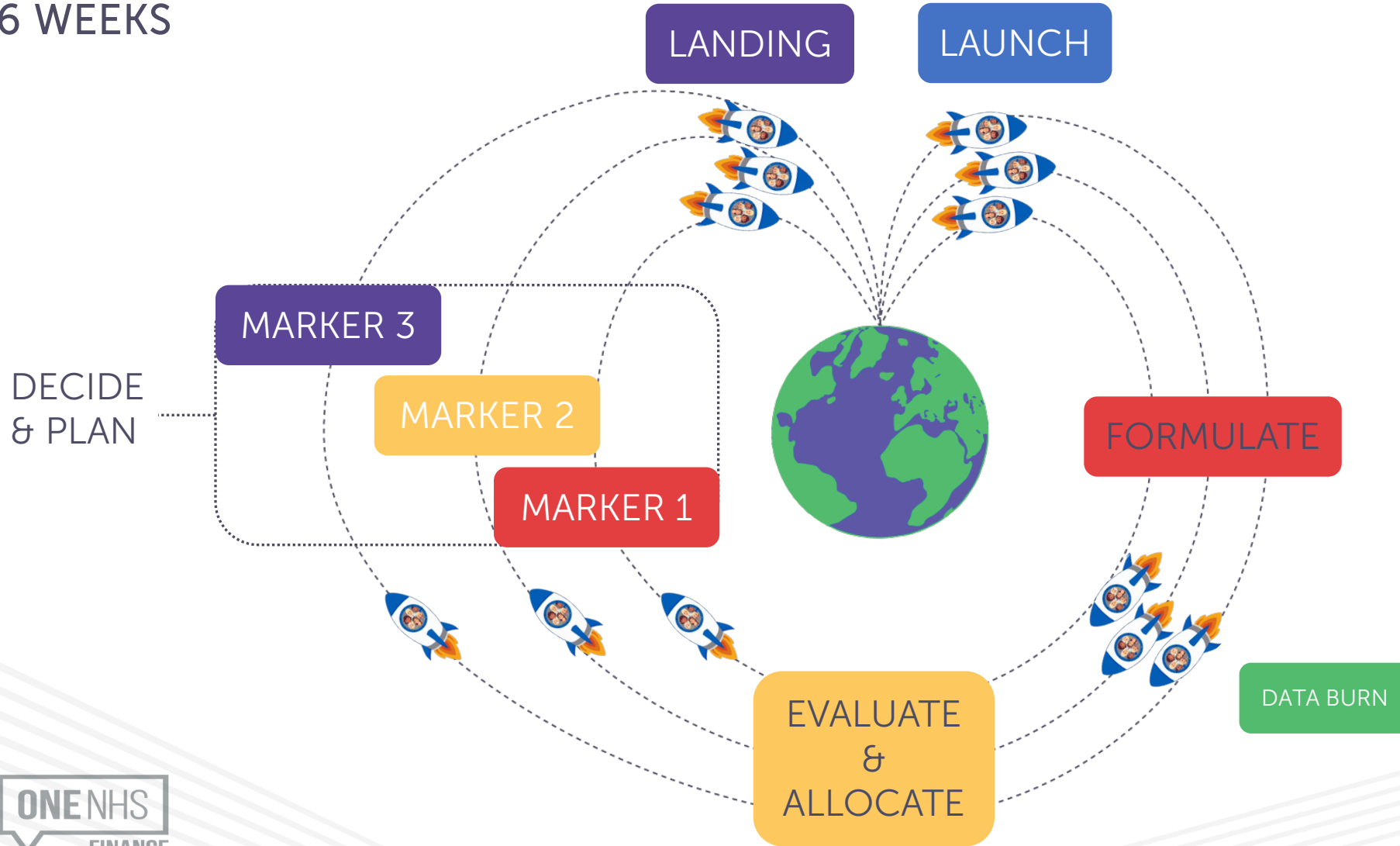


- Specialty/ service nurse
- Specialty/ service finance business partner
- Informatics Representative

LAUNCH PREPARATION (UP TO 4 WEEKS)



EVO JOURNEY 16 WEEKS



THE LANDING



THE TRANSFORMATION



MEASURING IMPROVEMENT



$$\text{Value} = \frac{\text{Quality}}{\text{Resources}}$$

The equation is visually represented with the following components:

- Quality** (yellow text) is positioned above a yellow rounded rectangle containing three categories: **Clinical outcomes**, **Patient experience**, and **Patient safety**.
- Resources** (red text) is positioned below a horizontal line, which is above a red rounded rectangle containing two categories: **Revenue costs** and **Capital costs**.

VALUE MEASURES TOOL



DECISION		The patch needs to decide how to configure maternity care services that offer best possible value to service users and taxpayers, now and for the future	
VALUE COMPONENTS		VALUE CRITERIA	VALUE METRICS
OUTCOMES	CARE OUTCOMES	<ul style="list-style-type: none"> Quality of pre, during and post child delivery care Outcome of interventions Recovery 	<ul style="list-style-type: none"> Volume of at-risk births (e.g., premature, low weight, medical condition) Perinatal mortality and still birth rate Volume of births by birth type (e.g., natural, c-section, episiotomy, induced) Medical complication rate (e.g., postpartum haemorrhage) % of complications successfully treated Days to discharge post-c-section / premature birth
	USER EXPERIENCE	<ul style="list-style-type: none"> Accessibility to care facility Accessibility to people within care facility Comfort of environment Quality of interactions Patient choice 	<ul style="list-style-type: none"> Average and maximum travel time to maternity ward within catchment area Ratio of midwives and obstetricians to patients Availability of alternative birthing facilities e.g., home birth support % of patients able to choose where to have their baby % of patients provided with advice on post-birth baby care
	SAFETY / QUALITY	<ul style="list-style-type: none"> Avoidance of harm to patient Safe environment that supports delivery of care Adequate resourcing 	<ul style="list-style-type: none"> Rate of avoidable mortality Rate of avoidable harm done to patient e.g., infection rate % adherence to best practice estate maintenance protocols % of time staffed according to best practice minimum staffing levels Staff experience (measured as number of patients per staff per year)
RESOURCES	REVENUE COSTS	<ul style="list-style-type: none"> Clinician salary Admin staff salary System running costs 	<ul style="list-style-type: none"> 'Stranded costs' i.e., costs of unmet overhead as result of disinvestment Staff relocation and training costs Co-dependency expansion costs (e.g., gynaecology consultant salaries) Operating cost per birth
	CAPITAL COSTS	<ul style="list-style-type: none"> Investment in facilities / equipment 	<ul style="list-style-type: none"> Upfront investment for facility expansion Co-dependency expansion costs (e.g., additional facilities)



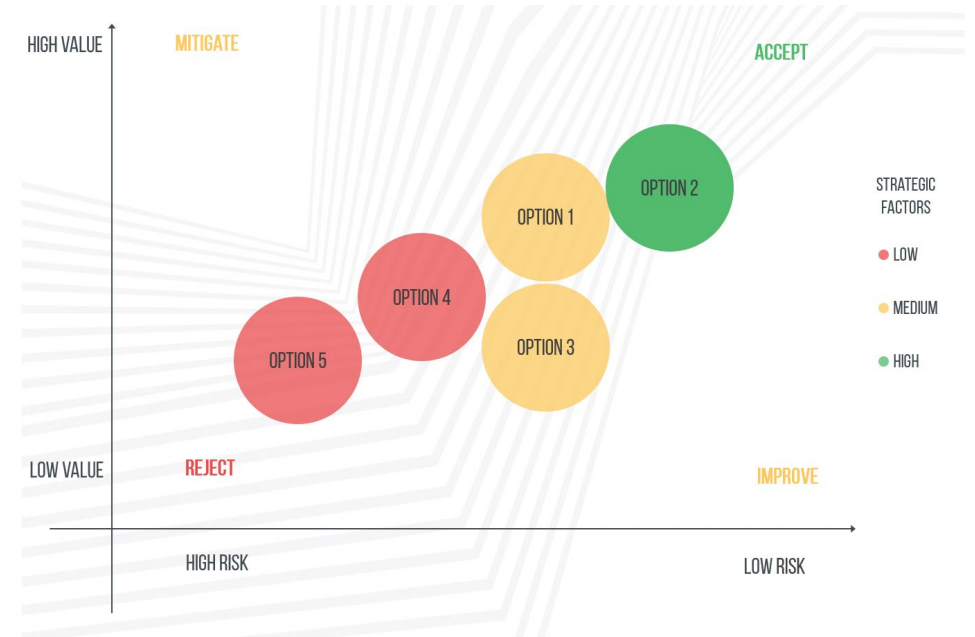
VALUE OPTIONS COMPARISON TOOL

	VALUE METRICS	WEIGHT	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
OUTCOMES	Fall in stillborn rates	25%	4	4	2	2	2
	Fall in brain injuries rate	25%	4	5	2	3	3
	Increase in breastfeeding	10%	3	3	1	2	1
EXPERIENCE	Improved service access	5%	4	4	3	3	2
	Improved care experience	5%	4	4	2	3	3
	Reduced harm	10%	3	5	3	2	1
RESOURCES	Cost reasonability	10%	4	3	3	5	2
	Sustainability	10%	3	3	2	3	1
VALUE		100%	3.7	4.1	2.2	2.8	2.0

RISK	Quality of evidence	50%	4	5	3	2	1
	Capacity to deliver change	50%	3	4	4	3	2
RISK		100%	3.5	4.5	3.5	2.5	1.5

STRATEGIC FACTORS	System strategy alignment	50%	3	4	3	1	1
	Time to savings realisation	50%	2	3	3	1	3
STRATEGIC FACTORS		100%	2.5	3.5	3.0	1.0	2.0

SCORE	32.4	63.8	22.6	6.9	6.0
RANK	2	1	3	4	5



VALUE PRIORITIES GRAPH

QUALITY ASSESSMENT

			PROJECTED PATHWAY	TRANSFORMED PATHWAY	ORIGINAL PATHWAY	QUALITY ASPIRATION
	METRIC DESCRIPTION	WEIGHTING	SCORE	SCORE	SCORE	SCORE
OUTCOMES	Fall in stillborn rate	25%	4	5	2	5
	Fall in brain injuries rate	25%	5	5	3	5
	Increase in breastfeeding	10%	3	4	4	5
EXPERIENCE	Improved service access	5%	4	4	3	5
	Improved care experience	5%	4	2	2	3
SAFETY	Reduced harm	10%	5	5	2	4
	Total (%)	80%				

VALUE IMPACT COMPARISON TOOL

QUALITY COMPARISON	METRIC DESCRIPTION	WEIGHTING	ORIGINAL PATHWAY	TRANSFORMED PATHWAY	QUALITY ASPIRATION
			SCORE	SCORE	SCORE
OUTCOMES	Fall in stillborn	25%	2	5	5
	Fall in brain	25%	3	5	5
	Increase in	10%	4	4	5
EXPERIENCE	Improved service	5%	3	4	5
	Improved care	5%	2	2	3
SAFETY	Reduced harm	10%	2	5	5
Total (%)		80%			
QUALITY SCORE	80% Weighted (AVG%)		42.0	74.0	78.0
RESOURCE SCORE	Percentage cost variance (£% +/-)		[£0%]	£15%	
	20% Weighted (%)		0.0	3.0	
COMBINED SCORE	Quality + Resource (%)		42.0	77.0	81.0
VALUE IMPACT COMPARISON SCORE	VIC Score (%)		+35%		+4%
			IMPROVEMENT		QUALITY ASPIRATION

OUTPUTS

- Up to three VIC Scores detailing the value impact each transformation has had
- Up to three transformation statements evidencing the improvement in quality and cost across three specialties/services
- A comparison of the options considered for transformation assessed on quality, risk, strategy and cost.
- A detailed collection of archived actions to improve the data quality and efficiency of each service/specialty
- An engaged, empowered and motivated interdisciplinary team using Value as a way to measure both quality and cost

EXPECTED OUTCOMES

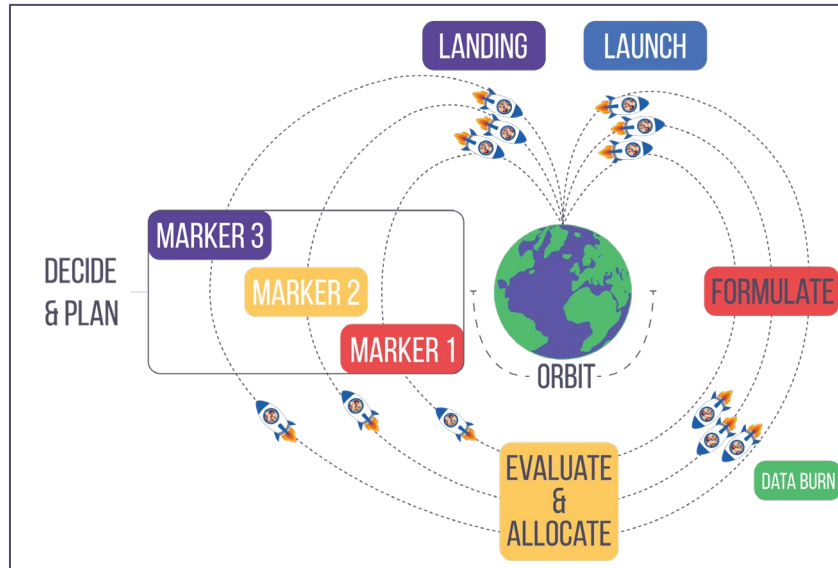
- Value is normalised at an operational level as the language for clinical and financial improvement
- Better understanding and agreement that patient-level information is essential for evidencing improvement and the effectiveness of clinical transformation
- Greater multidisciplinary understanding of how risk and strategy can be assessed when making decisions about tackling opportunities of unwarranted variation
- Transparent decisions are made that instruct measurable transformational change using new concepts including PDSA+ and the Value Impact Comparison (VIC) Score
- Engaged, empowered and motivated multidisciplinary teams working together in the use of financial data to improve the efficiency and quality of their service/specialty

I'm an
EVO
Ambassador

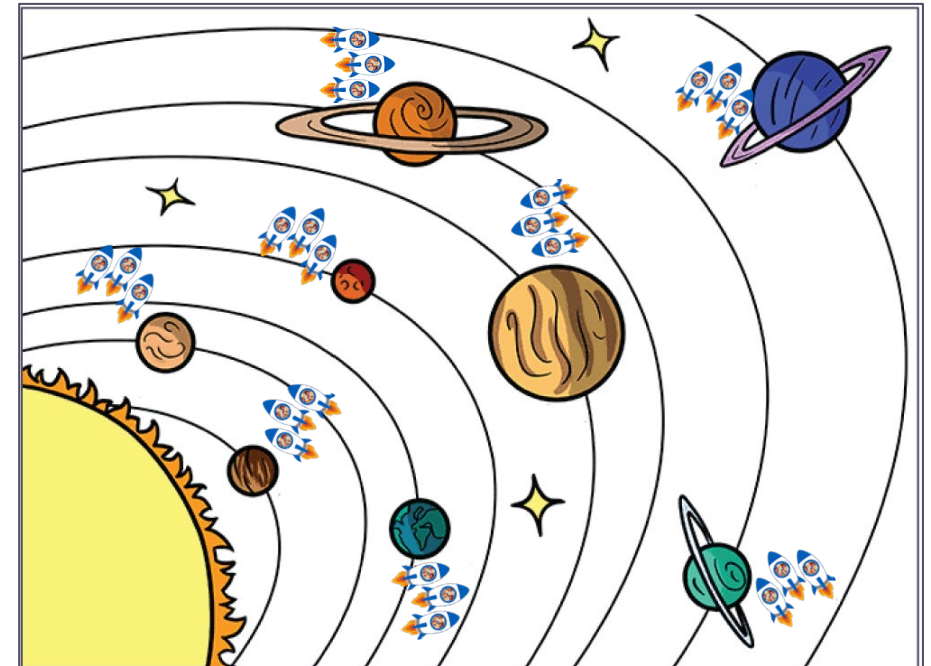


BEYOND

ORGANISATION



SYSTEM



BACKGROUND



EVO Pilot

Engagement Value Outcome



(2019)



CASE STUDIES



NHS
Gloucestershire Health and Care
NHS Foundation Trust



NHS
Great Western Hospitals
NHS Foundation Trust



EVO
BRONZE
SITES



NHS
North Staffordshire
Combined Healthcare
NHS Trust



NHS
University Hospitals
Birmingham
NHS Foundation Trust



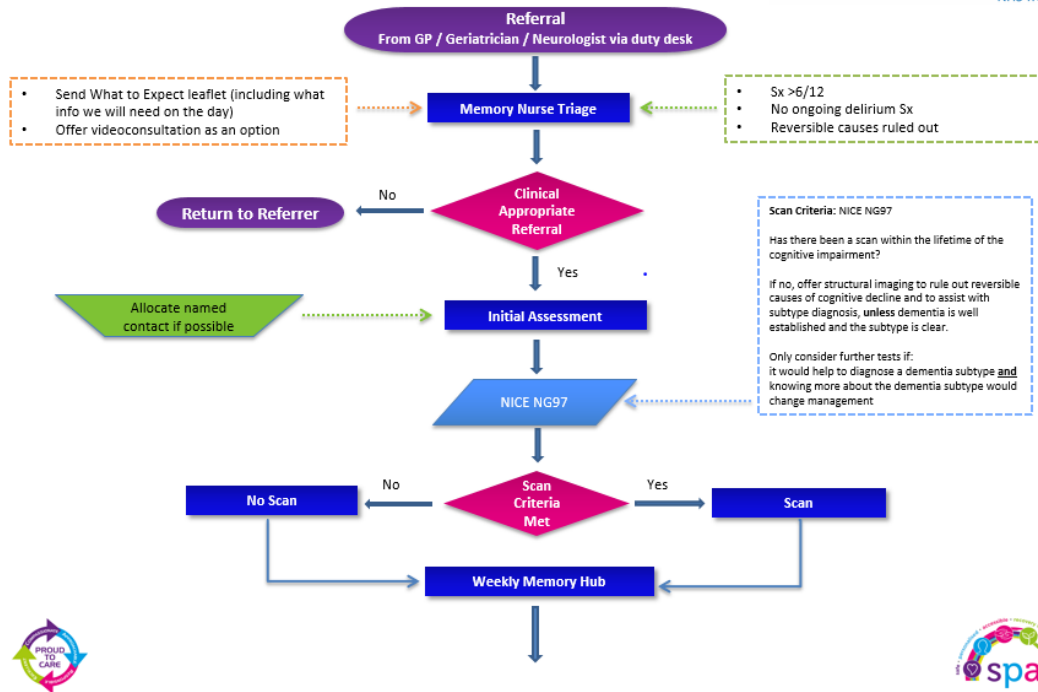
The problem

- Conveyor belt - consistent but inflexible
- All patients sent for a CT head scan
- Pinch point waiting for a Dr appointment
- Patients not attending appointments
- Lots of ideas but hunches and best guesses but didn't know where to begin

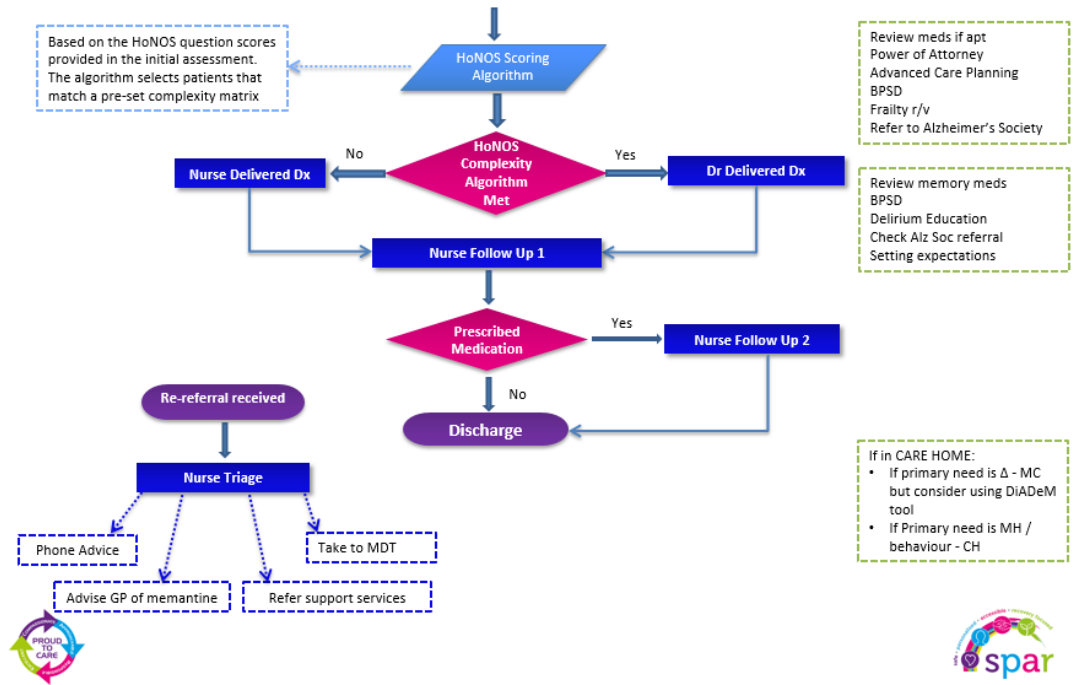


The pathway

Memory Assessment Service Pathway 1 of 2



Memory Assessment Service Pathway 2 of 2



The outcomes



- The mean wait time from referral to diagnostic appointment dropped from 155 to 72 days
- A dramatic reduction in hospital cancelled appointments and patient cancelled appointments
- Significant reduction in 'did not attend' appointments
- Consultant led contacts saw a 53% reduction
- Completely changed we deliver memory services. Conveyor to hub and spoke
- No extra funding. No extra staff
- During pandemic
- Built around the patient but knock on benefits for staff



The comparison

Cost of patient session (April – November)

- **before** changes unit price £280.93 / **after** changes Unit price £205.12
- Unit price reduction **£75.81**

Unattended appointments

- **44% decrease in DNAs** was realised under the new pathway
- Potential impact of DNA's using unit price for (April – November) period:
- **before** changes £160,692 / **after** changes £77,740
- Potential cost opportunity **£82,952**

Radiology appointments (April – November)

- **30% reduction in radiology tests**
- **before** changes 338 scans / **after** changes 237 scans



I
WANT



Engagement Value Outcome

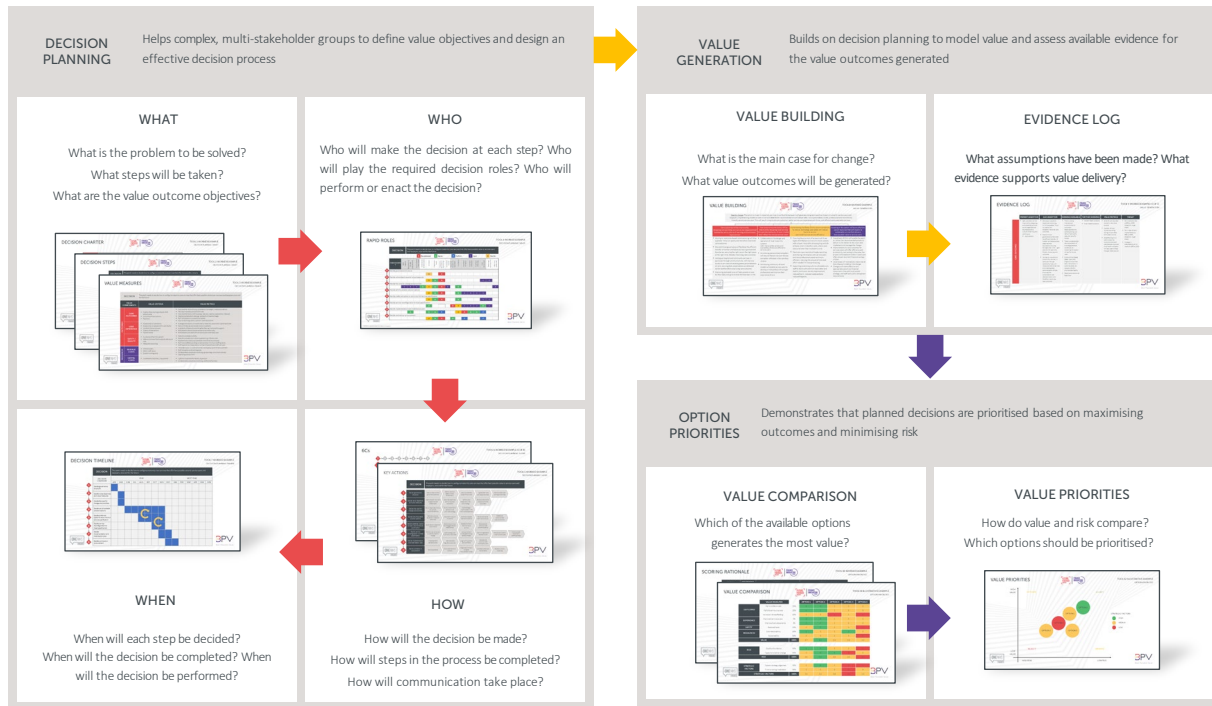


COMING UP

BPV

Best Possible Value
DECISION TOOLKIT





BPV

Best Possible Value

DECISION TOOLKIT

A set of tools to support organisations and systems in making value-based decisions for healthcare services