

# NHS RightCare - The Power of Variation

Professor Matthew Cripps  
Director, NHS RightCare  
Strategy and Policy



# 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:**

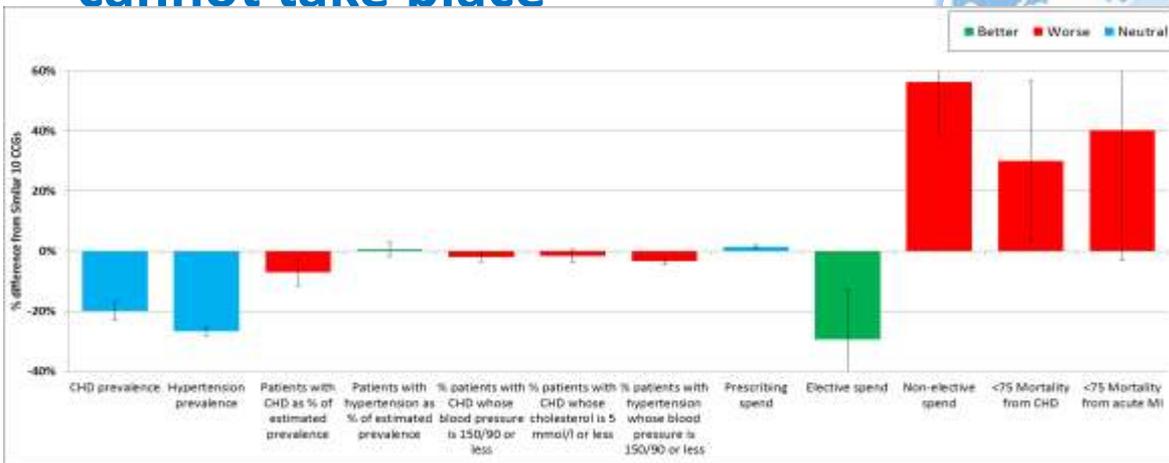
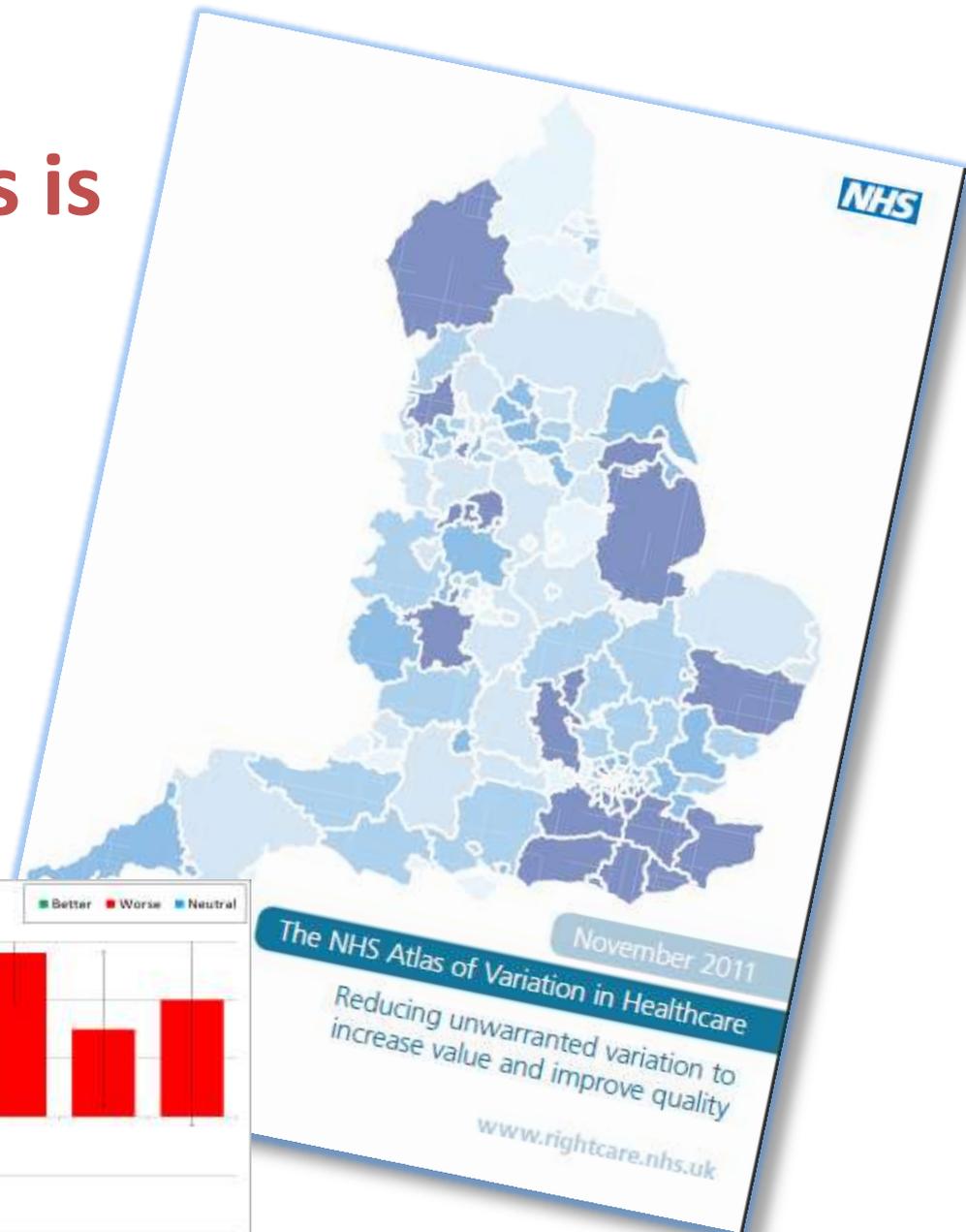
- Waste and Patient harm (even when the quality of care is high)

## **Underuse – leading to**

- Failure to prevent disease and Inequity

# Why unwarranted Variation? Awareness is the 1<sup>st</sup> step to improvement

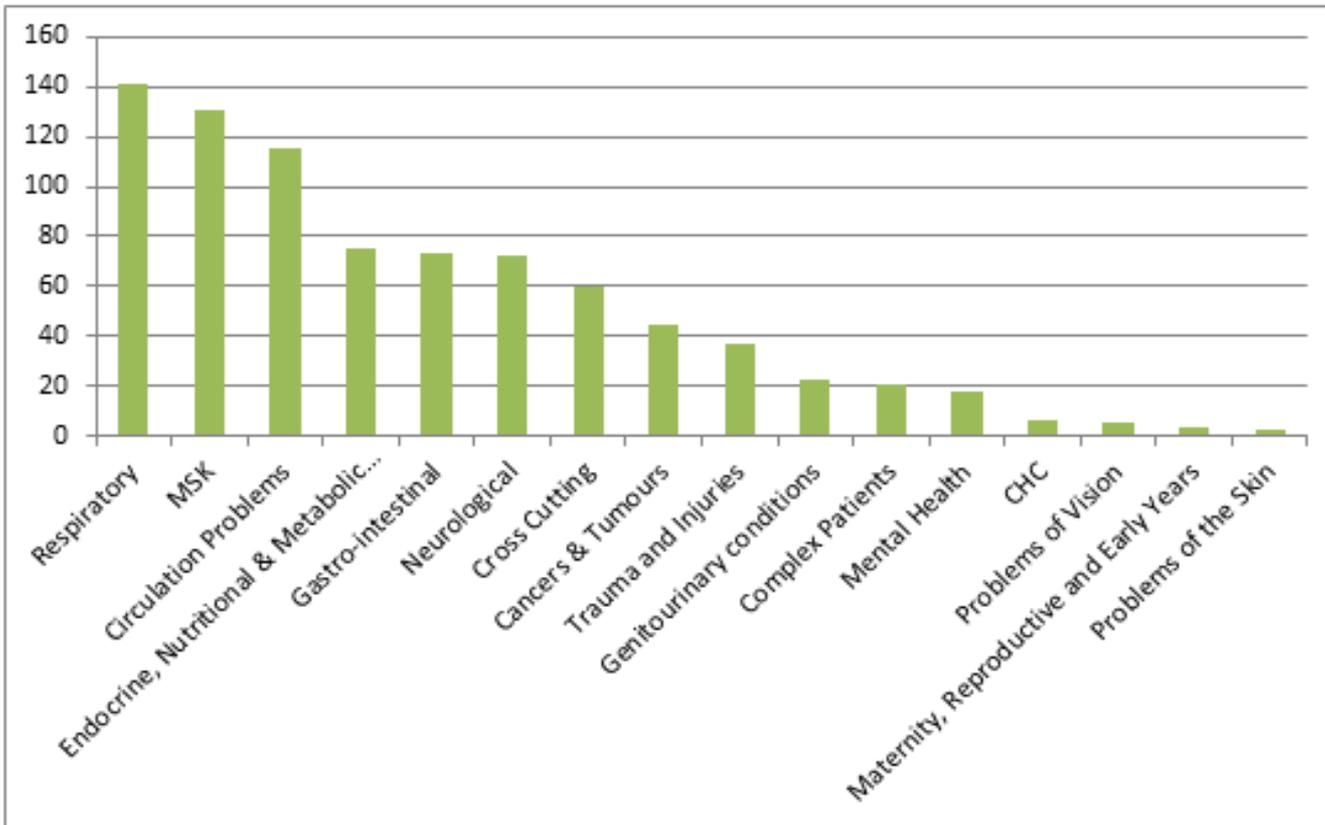
If the existence of clinical and financial variation is unknown, the debate about whether it is unwarranted cannot take place



# Evolution of the RightCare approach

- Atlases of Variation & Health Improvement Packs
- National and local clinical Engagement
- Local primary care-led clinical leadership
- Improvement processing
- Evidential and Indicative data – Where to Look
- Intelligence packs
- Knowledge transfer and shared learning
- National mandate and industrialisation

# Impact on Programmes of Care



As a programme with its roots in improving patient care and population health management, NHS RightCare's activity can also be expressed by the impact it's had on programmes of care

**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**

- CCGs are delivering 804 NHS RightCare transformation programmes
- In addition to a focus on expensive pathways such as MSK and Respiratory, **previously neglected specialities** such as Neurology are also well represented
- Partnerships with RightCare increase focus on programmes of care
- Transformations via the RightCare approach focus on primary and secondary prevention

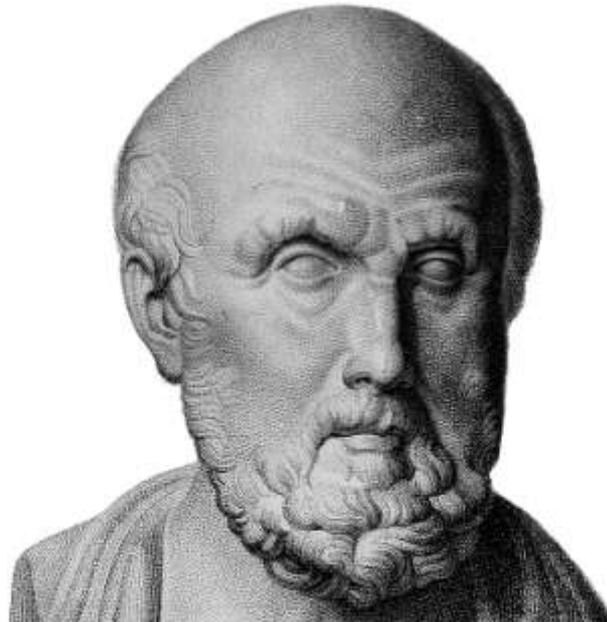


# Closing the perception gap increases value interventions

- The perception gap is epidemic across the system – remove it and we remove unwarranted variation
- 70% of breast surgeons believe a primary concern of women with breast cancer is to keep their breast
  - The real number is 7% of informed women
- 95% of people with elective stents think they reduce risk of heart attack
  - They don't (most informed people don't want one)
- 5x more doctors think patients are the biggest barrier to Shared Decision Making (SDM) than think medics are
  - Cochrane found effective SDM is “physician, not patient, dependent”

# Closing the perception gap

“It is far more important to understand the person who has the disease than it is to know what disease the person has”



## Please help...

- Build a partnership with us to –
  - Design optimal clinical systems that lead to frontline delivery
  - Share best practice, evidence and learning
  - Develop cases for change
- Clinical leadership of improvement agenda –
  - Encourage and develop frontline clinical engagement

## For further information -

- **Email RightCare**
- **[rightcare@nhs.net](mailto:rightcare@nhs.net)**
  
- **Twitter:**
- **@nhsrightcare**
- **@matthew\_cripps1**
  
- **Visit RightCare:**
- **<http://www.england.nhs.uk/rightcare/>**