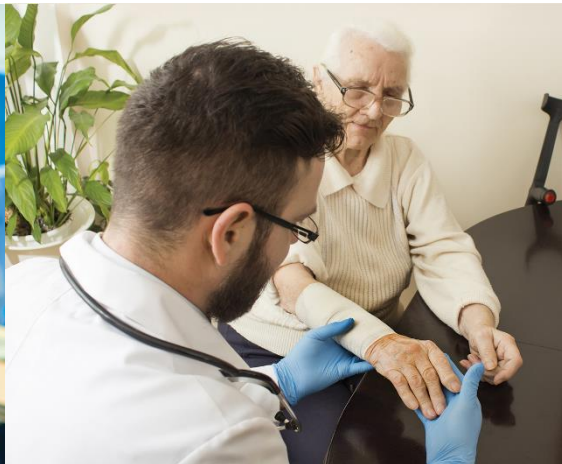


# Getting It Right First Time

Clinically-led programme, reducing variation and improving outcomes

Adrian Hopper, Geriatric Medicine lead



GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement

# Introducing GIRFT

- **39 clinical specialties**
- Led by **frontline clinicians**
- **Peer to peer engagement** helping clinicians to identify changes that will improve care and deliver efficiencies
- Support across all trusts and STPs to drive **locally designed improvements** and to share best practice across the country.
- Agreed **efficiency savings**: c.£1.4bn per year by 2020-21, starting with between £240m and £420m in 2017-18.

Tackling unwarranted variation to improve quality of patient care while also identifying significant savings.

# GIRFT local support



**GIRFT Regional Hubs** support trusts in delivering the Clinical Leads' recommendations by:

- Helping them to assess and overcome the local and national barriers to delivery.
- Working closely with NHSI regions to ensure prioritisation of GIRFT delivery takes account of the wider context within each trust and is joined up with local and regional improvement initiatives.
- Joining up with NHSE/RightCare to ensure integrated support for STP level improvements.
- Producing **good practice manuals** of case studies and best practice guidance that trusts can use to implement change locally.
- Supporting mentoring networks across trusts.

Each hub will have two **clinical ambassadors**: regionally recognised leaders of improvement programmes

# GIRFT cross-cutting themes



- 
- 
- GIRFT is therefore delivering a number of **cross cutting projects**:



- And GIRFT Clinical Leads are coming together to work in **clinical service lines** when beneficial for exploiting opportunities or joining up services across specialty boundaries:



- And expanding into the areas of **General Practice and Mental Health**

# GIRFT impact on resource savings

## Orthopaedic pilot

**c.£50m**

savings over two years  
and improved quality of  
care

**50,000**

beds freed up annually  
by reduced length of  
stay for hip & knee  
operations

**£4.4m**

estimated savings  
p.a, from increased  
use of cemented hip  
replacements for over  
65s

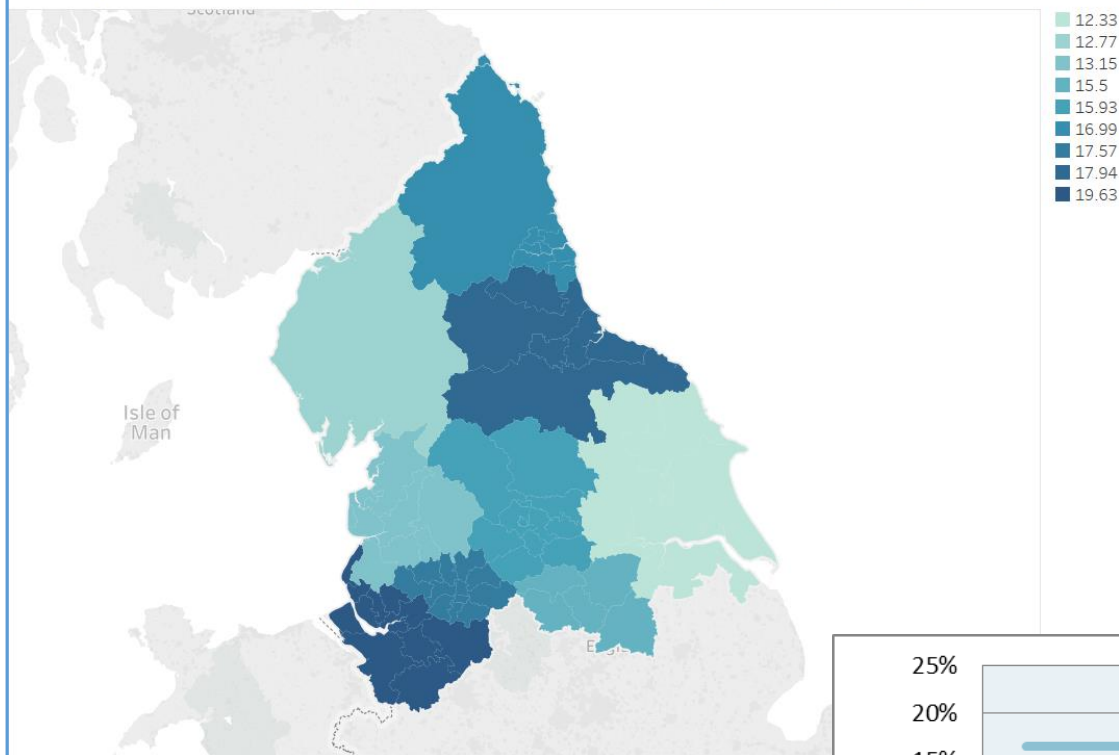
**36%**

reduction in  
litigation costs  
from 2013-16: a  
£77m saving

**75%**

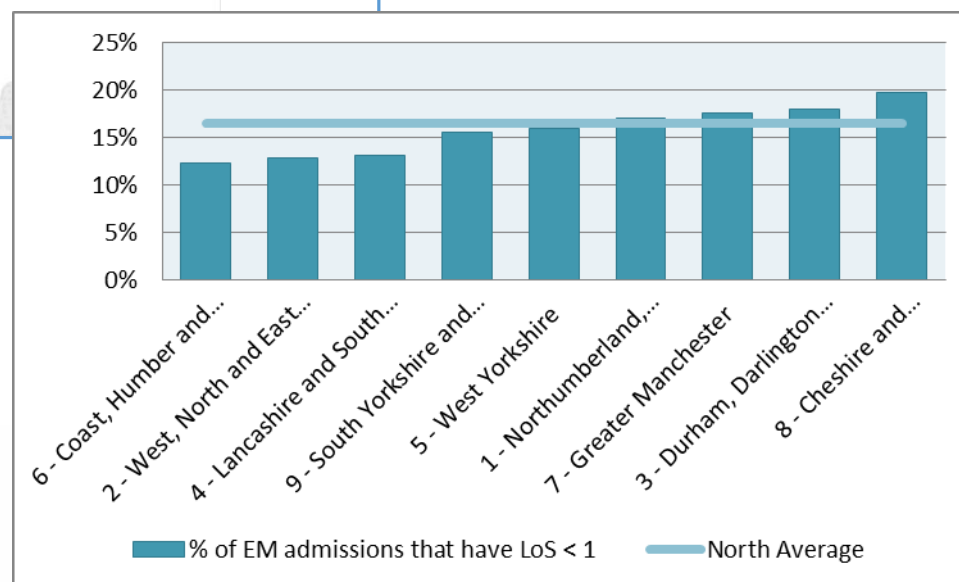
of trusts have  
renegotiated the  
costs of implant  
stock and reduced  
use of expensive  
'loan kit'

## Proportion of Emergency admissions which have Length of Stay < 1, age 75+

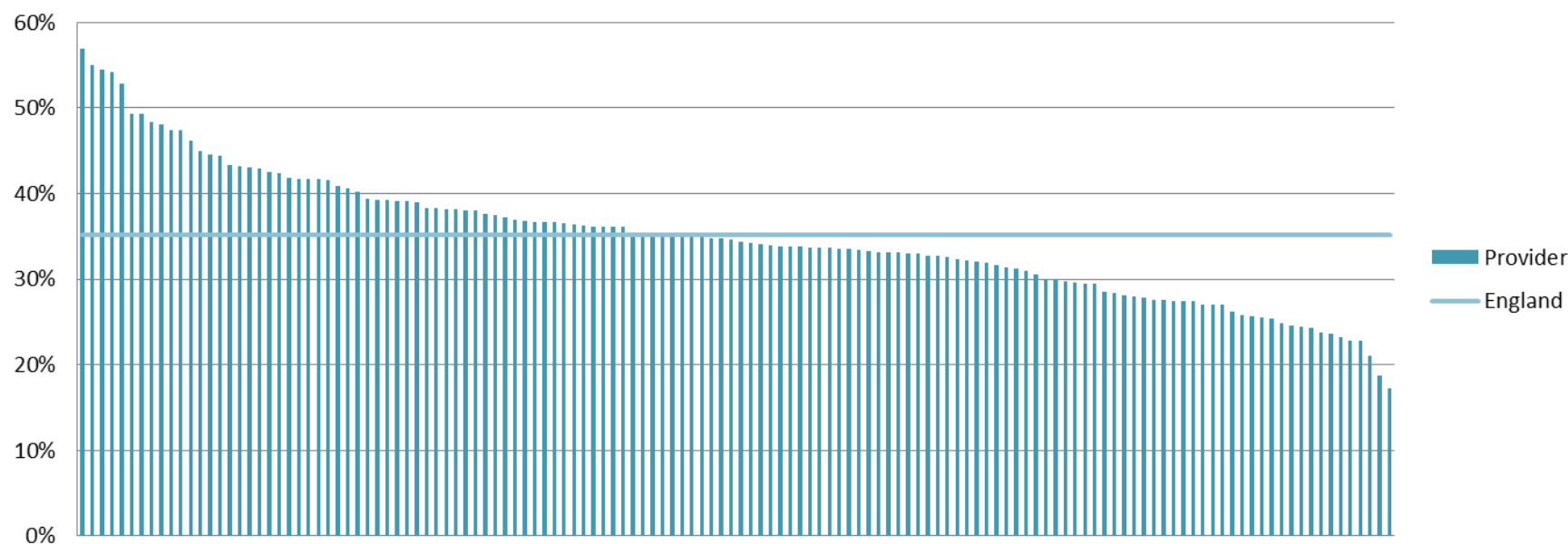


According to HES data, across the region 16.4% of patients 75 and over admitted in an emergency had length of stay zero in 2016/17

Source: Hospital Episode Statistics (HES) 2016/17



**% of Patients age 75+ admitted as an emergency to Geriatric medicine, Emergency medicine or General medicine who are discharged in less than 24 hours, by provider**

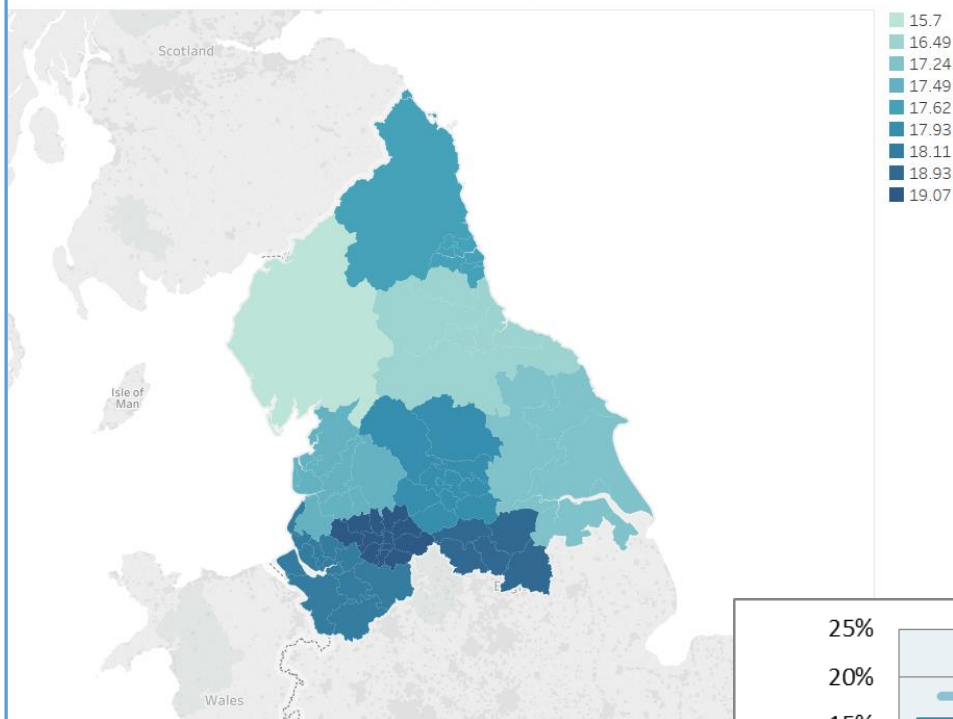


Source: Hospital Episode Statistics (HES) 2016/17

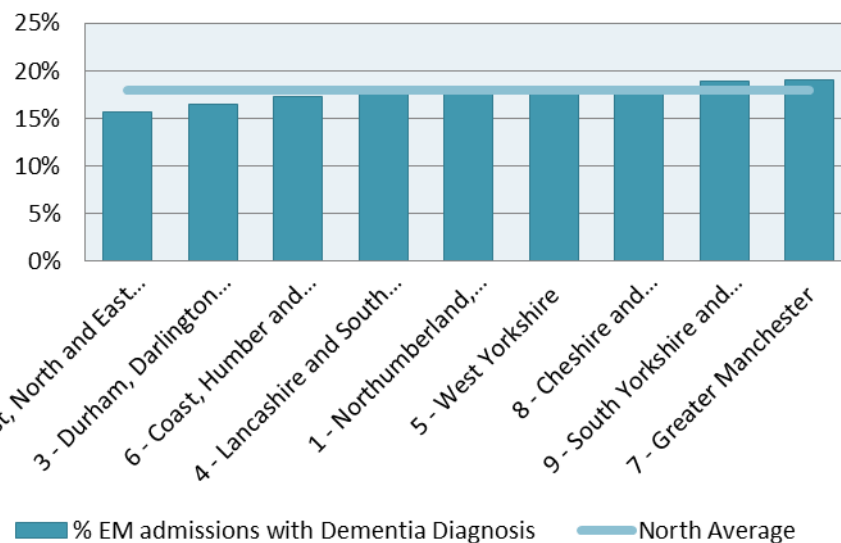
According to HES data, Nationally 35% of patients 75 and over admitted in an emergency to Geriatric medicine, General medicine or Emergency medicine had length of stay less than 24 hours in 2016/17



## Proportion of Emergency admissions, age 75+, which have a diagnosis of dementia recorded



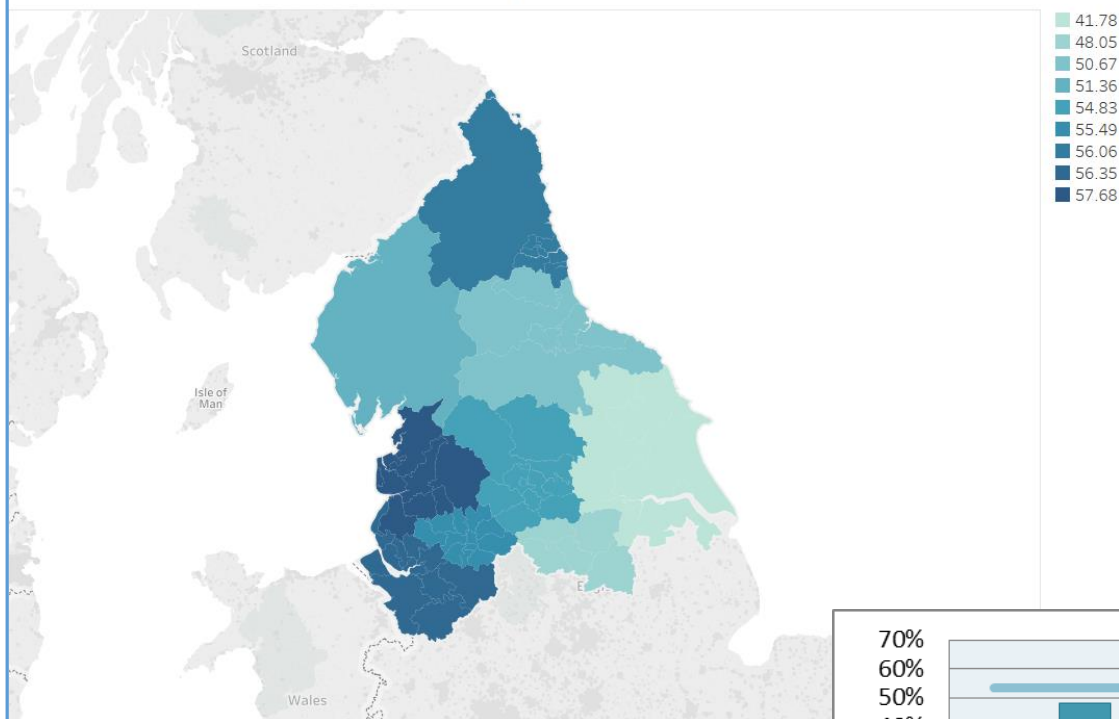
According to HES data, across the North 18% of patients 75 and over admitted as an emergency had a diagnosis of dementia recorded in 2016/17



Source: Hospital Episode Statistics (HES) 2016/17

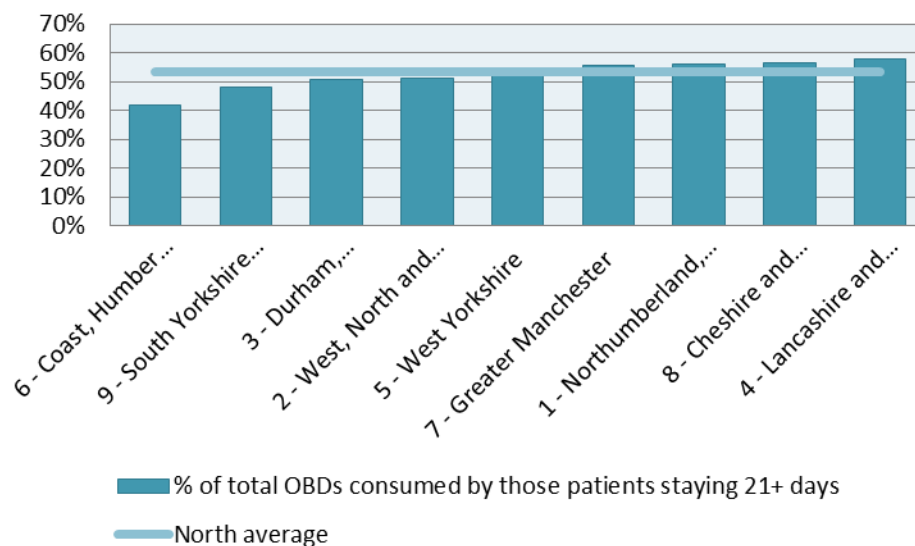


## Proportion of total bed days consumed by patients staying 21 days or more, age 75+

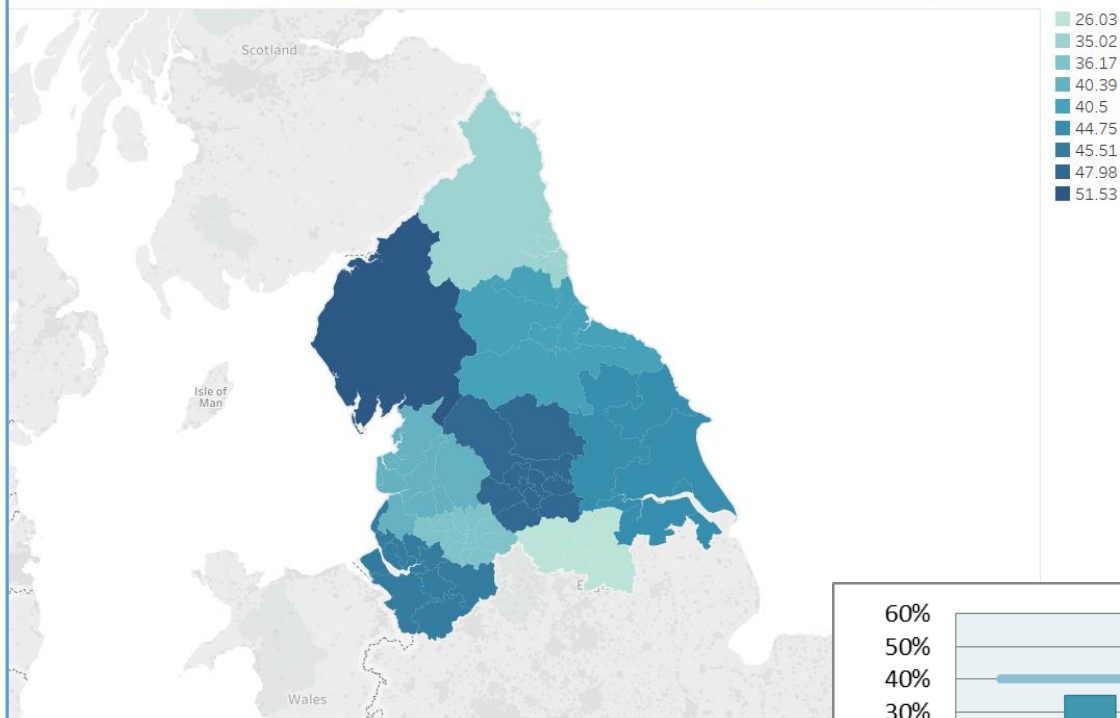


According to HES data, across the North among patients 75 and over, those admitted for 21 days or more consumed 53.5% of the total bed days in 2016/17

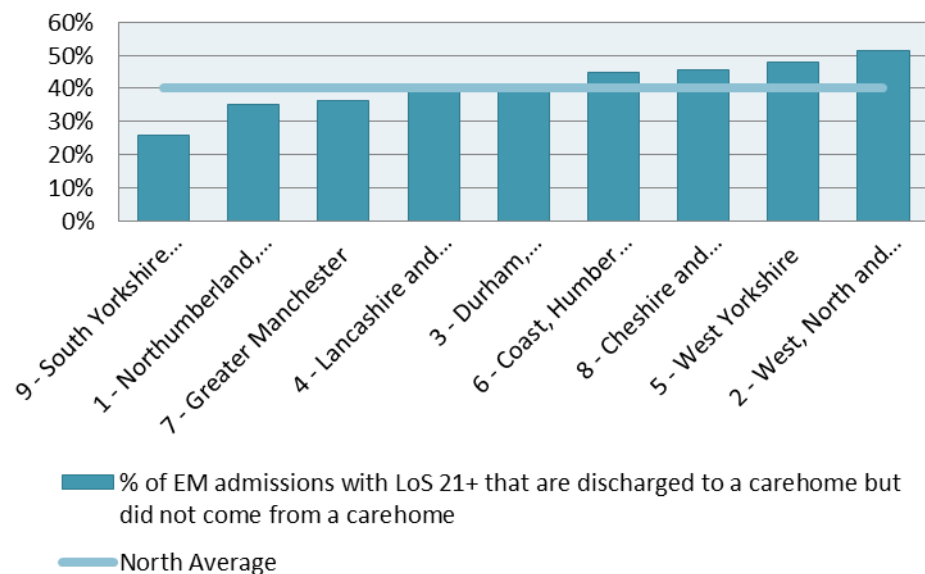
Source: Hospital Episode Statistics (HES) 2016/17



## Proportion of emergency admissions for patients 75+ staying longer than 21 days who were discharged to a carehome (but weren't admitted from one)

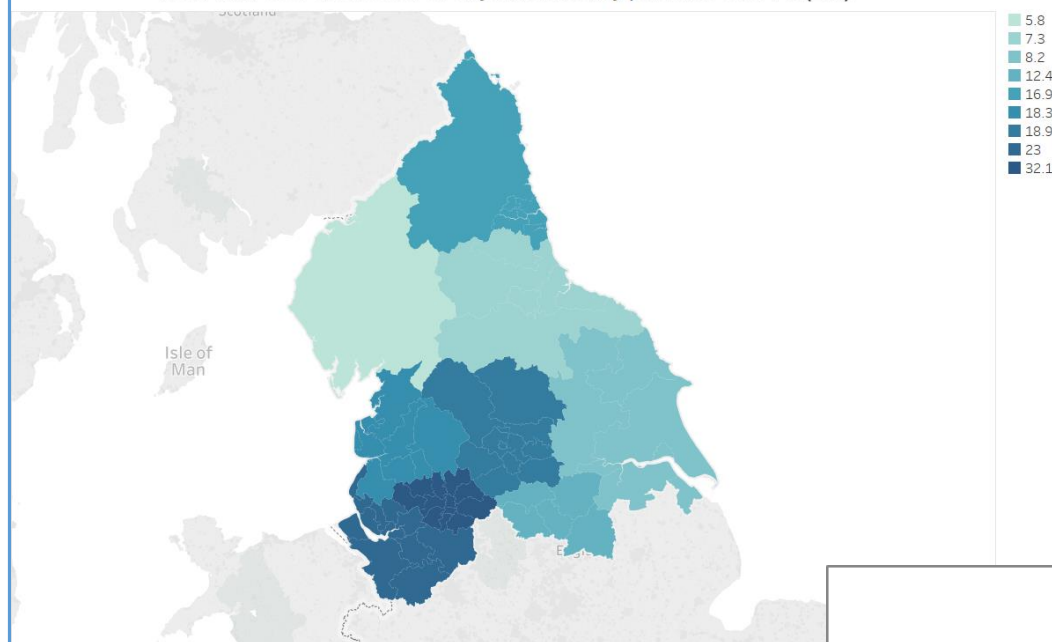


According to HES data, across the North 40% of patients 75 and over admitted as an emergency who stay in hospital 21 or more days are discharged to a care home



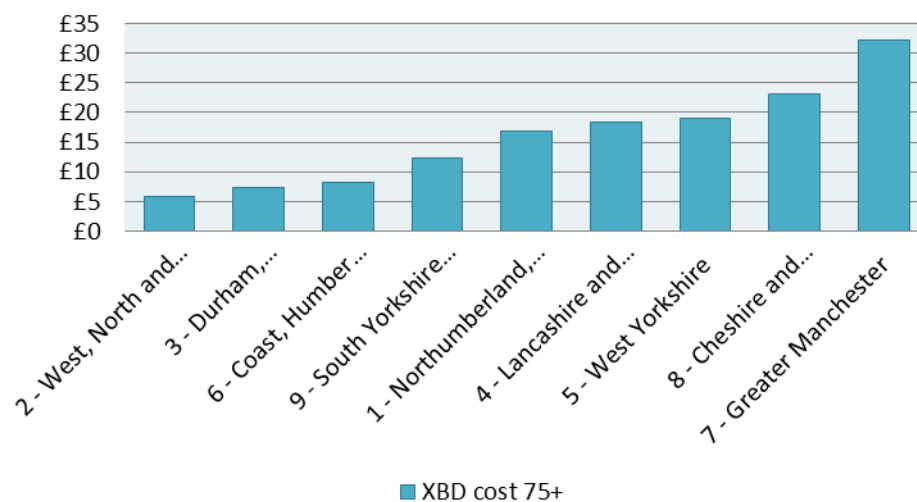
Source: Hospital Episode Statistics (HES) 2016/17

Total PbR Cost of excess bed days incurred by patients over 75 (£m)



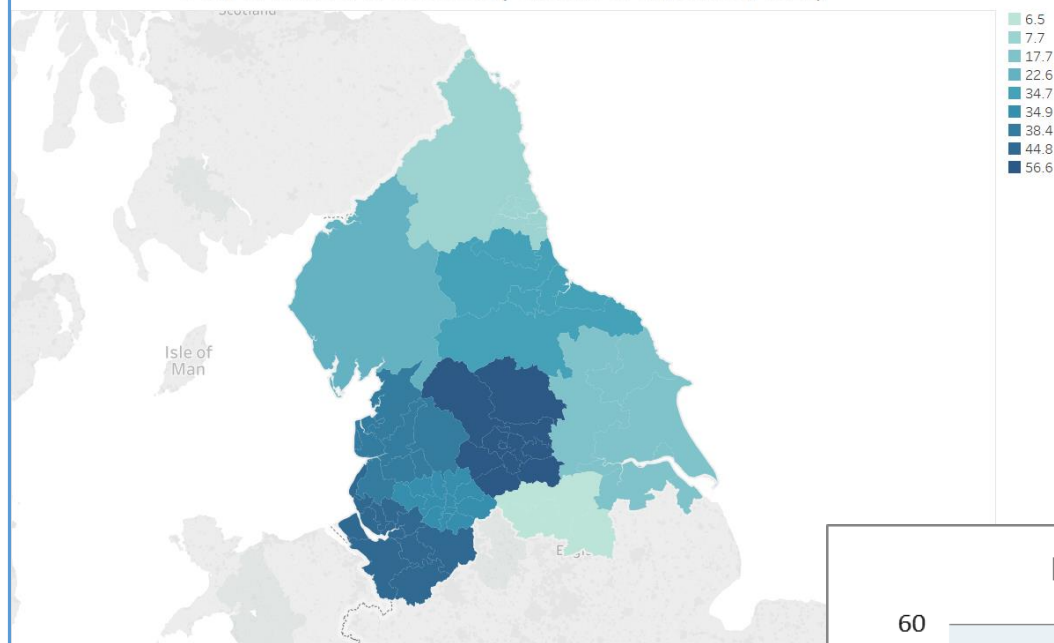
According to SUS data, across the North £143m was spent on Excess Bed Day costs for admissions of patients 75 and over in 2016/17

XBD cost 75+ (£millions)



Source: Secondary Uses Service (SUS) 2016/17

Delayed Transfer of Care Beds (reason Di or Dii, January 2018)

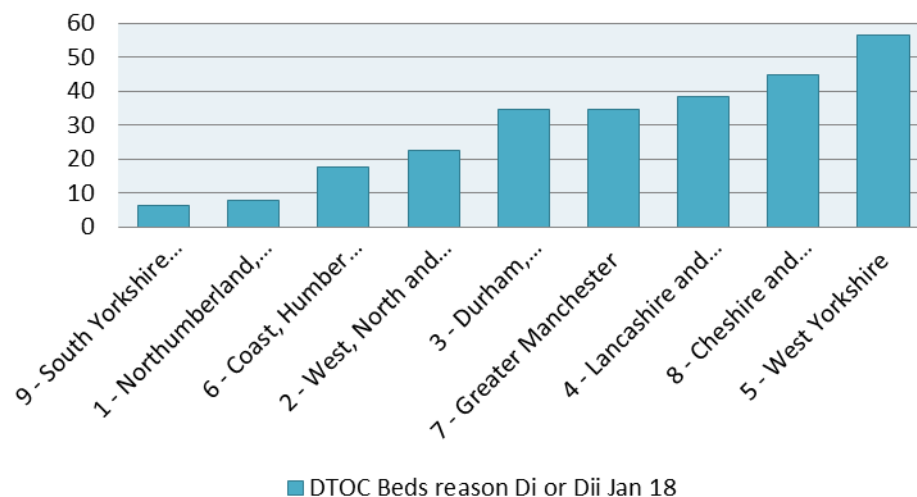


According to Unify2, across the North DTOC days resulting from patients waiting for Nursing or Residential Home placements were the equivalent of 264 beds in January 2018

Source: Unify2

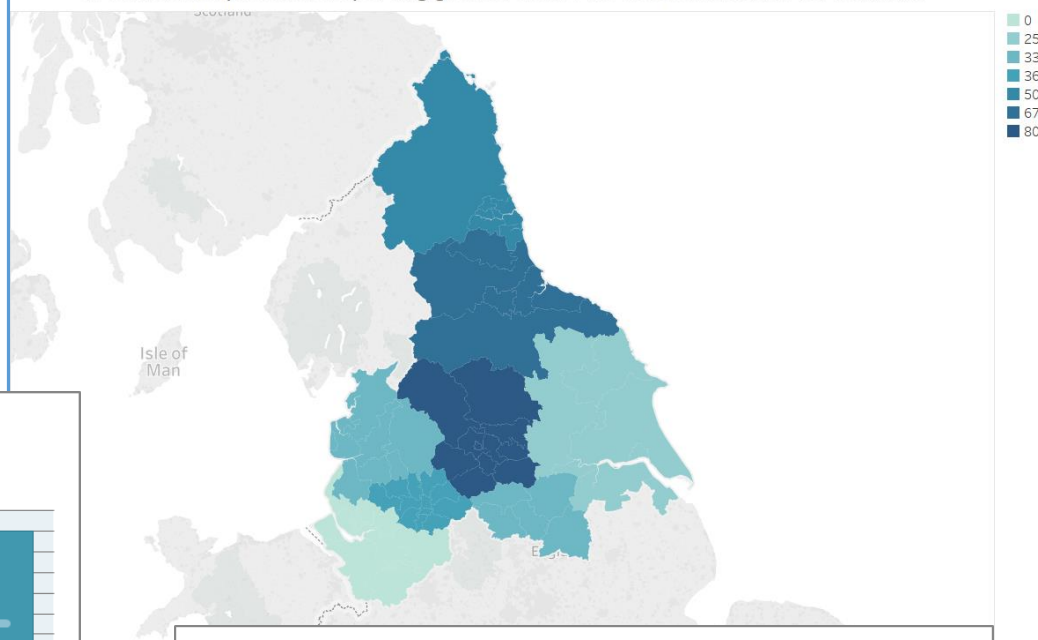
Note – this includes delays attributable to the NHS, Social care or both

DTOC Beds reason Di or Dii Jan 18

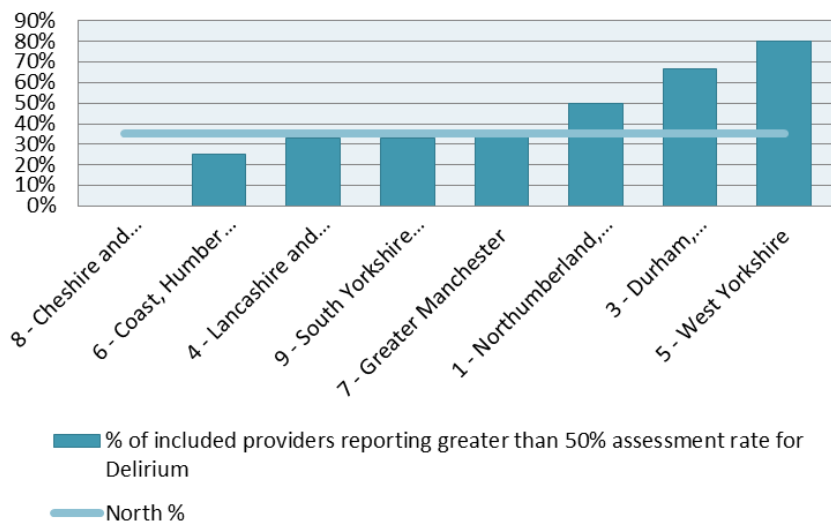


Across the North only 35% of providers included in the audit reported a delirium assessment rate greater than 50%.

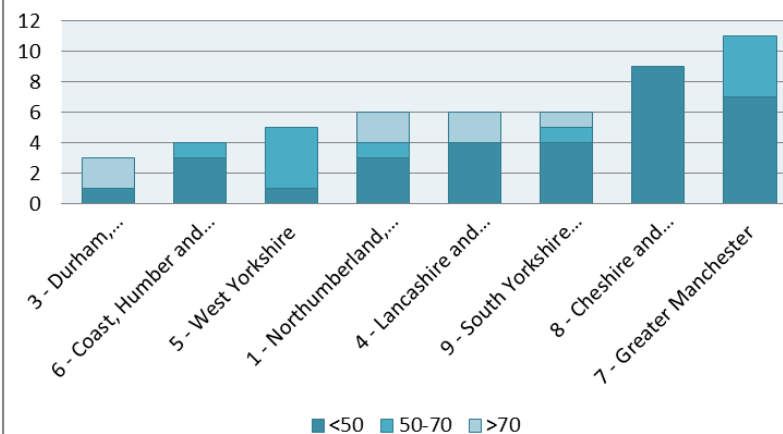
% of included providers reporting greater than 50% assessment rate for Delirium



Proportion of included providers reporting greater than 50% assessment rate for delirium



Number of hospitals included in audit, by STP and % patients assessed for delirium



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