

Achieving excellence – every patient, every time

**The enhancing quality
and recovery approach to
service improvement**

It's the Enhancing Quality and Recovery standard, not just nice-sounding words.

The programme is designed to support every clinician who shares that vision for their patients.

It assists clinical teams across Kent, Surrey and Sussex to get it right for every patient, every time.



Getting it right for patients first time, every time

The latest national planning guidance: 'Everyone Counts, Planning for patients' is explicit about "delivering transformation change given increasing need, unprecedented treatment options and economic restraint". With more and more patients and a rising number of elderly people with complex needs, every year it gets more challenging. We need to keep improving. We need to get better at consistently achieving higher standards.

Enhancing quality and recovery or EQR isn't a new concept. At its simplest it's a way of bringing clinicians together to improve the quality of care. Each pathway is based on the latest clinical evidence and driven through real understanding of meaningful data and what patients say.

The goal is consistent, high quality care which results in saved lives with better patient experience. It supports clinicians to embed best practice, reduce variation and improve multi-disciplinary team performance.

With the NHS under pressure to come up with new ways of providing better services and better care, the challenge is such that we must embrace the best skills and knowledge from both within and beyond the NHS.

EQR works with providers of NHS commissioned care from all sectors. Its wide reach means participating organisations benefit from extensive comparative performance and collaboration to learn and teach each other. This leads to greater improvement and impact for patients.

Now celebrating its fourth birthday, EQR can show success in many areas. It is a pioneering approach which can evidence hard won improvements through its award winning formula and proven methodology.

EQR enables clinicians to lead culture change and embed best practice based on transparent data and clear and agreed protocols. It brings the strength and knowledge of the many to the care and recovery of the individual.

How it works

Addressing the first awards ceremony for EQR, Sir Bruce Keogh, Medical Director at NHS England, described it as a 'potent cocktail for improvement' because it is led by clinicians, data driven, and focused on patient outcomes.

At the heart of EQR is a clinical coalition. Colleagues across Kent, Surrey and Sussex agree best practice, clinical data and share learning. National Institute for Health and Care Excellence (NICE) guidance and quality standards are distilled into a simple set of key things that should happen for every patient, every time - regardless of where their care is delivered, who is looking after them or what time of day or day of the week it is.

Each pathway has metrics to improve the quality of care for patients. They lead to reduced lengths of stay and fewer deaths. The right metrics are hotly debated by clinicians and informed by specialist external sources and data. The EQR approach helps clinicians to agree a set of clinical processes along a pathway which all contribute to a better quality of care and experience for patients.

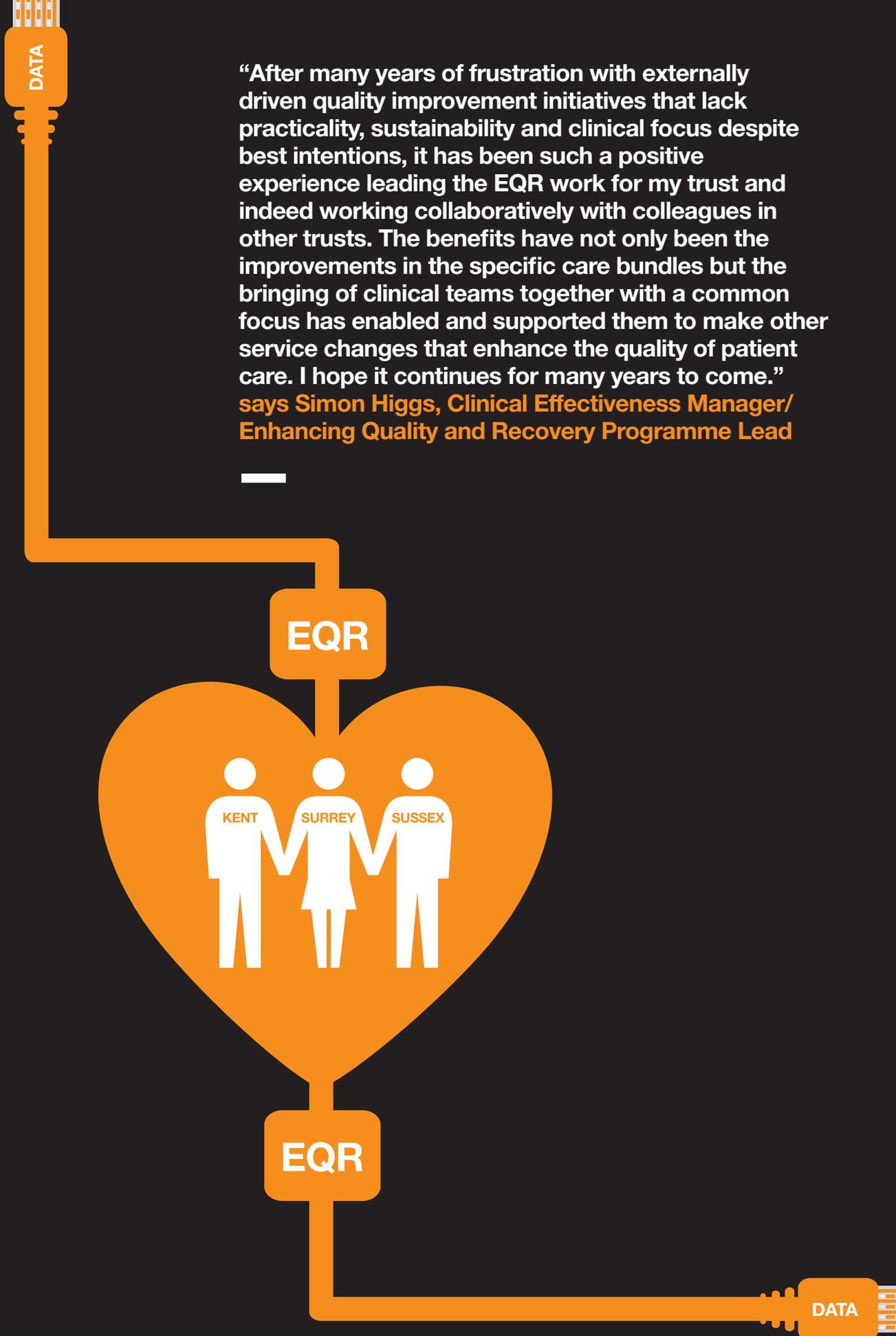
Vital to improvement is measurement and benchmarking. Care bundle delivery is timed and recorded for each individual metric. Anonymised data from each participating organisation is collated, assured and analysed. It's then reported back to clinical teams. Trust and region-wide data is shared at EQR collaborative learning events with explicit agreement that more can be achieved faster, by working together.

EQR uses a combination of scores known as the **Composite Quality Score (CQS)** and the **Appropriate Care Score (ACS)**. The CQS is the total of the number of things that should happen to patients compared to the number that did actually happen. The ACS is the more important measure as it reflects the number of patients where everything was done right and therefore likely to lead to improved outcomes.

For more detailed results and reports on CQS and ACS, please visit http://www.enhancingqualitycollaborative.nhs.uk/index.php?option=com_content&view=article&id=165&Itemid=307

The EQR team reviews each provider both before the start of a programme, to ensure 'readiness for quality', and on an annual basis. EQR peer reviews further strengthen the whole quality process, ensuring ownership stays with clinicians. With an intense focus post the Francis Report, boards can see the results for themselves which reinforces their support and the drive for sustainability.

“After many years of frustration with externally driven quality improvement initiatives that lack practicality, sustainability and clinical focus despite best intentions, it has been such a positive experience leading the EQR work for my trust and indeed working collaboratively with colleagues in other trusts. The benefits have not only been the improvements in the specific care bundles but the bringing of clinical teams together with a common focus has enabled and supported them to make other service changes that enhance the quality of patient care. I hope it continues for many years to come.”
**says Simon Higgs, Clinical Effectiveness Manager/
Enhancing Quality and Recovery Programme Lead**



The evidence

Achieving consistently high quality care and a better outcome for every patient is a key KSS AHSN objective. The proven, independently evaluated and award winning EQR method offers a transferable approach, which is rapidly increasing the number of patients who benefit each year.

The New England Journal of Medicine published a detailed evaluation of the outcomes of the methods used by EQR. (Reduced Mortality with Hospital Pay for Performance in England, November 8, 2012). The results showed that mortality decreased significantly. This was most marked amongst pneumonia patients. The study further concluded that the introduction of pay for performance was associated with a clinically significant reduction in mortality. <http://www.nejm.org/doi/full/10.1056/NEJMsa1114951>

The latest cost-effectiveness review of EQR methodology in the north-west of England indicated that in its first 18 months, the Advancing Quality programme generated approximately £4.4m of savings. This came from reduced length of stay equating to nearly 23,000 fewer bed days. The number of quality adjusted life years equalled a health gain of £105 million for the region - a greater than eight-fold return on investment. <http://onlinelibrary.wiley.com/doi/10.1002/hec.2978/abstract>

Sharing the latest results for the pneumonia pathway at the January 2014 Respiratory Collaborative, Dr Ed Cetti, EQR clinical lead and Consultant Respiratory Physician at Surrey and Sussex Healthcare NHS Trust, said: "Reaching for improvement and sustaining that achievement is a continual struggle but when you improve the hard metrics, you improve patient outcomes."

The results also depend on clinical leadership and the development of wider teams, including coders and data analysts, and true collaborative working using the skills and expertise of multi-disciplinary teams.

Dr Katrine Steele, Respiratory Consultant from Western Sussex Hospitals NHS Foundation Trust agrees that it's about having an organised process. She said: "It's certainly worthwhile to focus on improving pathways and that is part of my role. EQR has helped meet quality targets and the financial incentive means support by our board. It's also fostered cultural change which is important."

OVER

117,000

Patients on EQR pathways
and plan for over **400,000** by 2018

OVER
750
DEATHS
AVOIDED

25,464
POTENTIAL
BED DAYS
SAVED

EVERY
£1 SPENT
RETURNS £8
OF HEALTH
GAIN

ENHANCING RECOVERY

Improved care
delivery for joint
replacement
patients

increased from

**10% TO +
80%**

ENHANCING QUALITY

Improved care
delivery for
heart failure
patients

increased from

**10% TO +
70%**

EQR

to improve

AKI -

current mortality

**30% at
30 days**

Case study

A group of respiratory doctors and nurses from Surrey and Sussex Healthcare NHS Trust got together with GPs, practice nurses, community colleagues and the British Lung Foundation's local Breathe Easy support groups because admissions and re-admissions were increasing for patients with chronic obstructive pulmonary disease (COPD).

Backed by investment from pharmaceutical company AstraZeneca, they were able to break down the barriers between organisations by funding specialist respiratory nurses to work with GP practices. Hospital respiratory nurses supported the identification of patients and advised on best practice according to regional and local prescribing guidelines so GPs could invite patients in for appropriate treatment. As described by the lead respiratory consultant Dr Ed Cetti, this "wasn't rocket science" but it did lead to more integration and better outcomes. However, when the project ended, so did the improvement.

Learning the hard way that sustainability has to be built in from the start, the teams are now investing in process mapping (with skills transferred from AstraZeneca). They are aiming for reduced admissions (planned and emergency) and fewer readmissions by embedding best practice and enhancing pathways with technologies and innovations.

They have worked with each team to identify how clinical best practice is - or could be - delivered to create an operational pathway. They have identified problems and gaps within the system which prevent clinical best being provided to every patient every time and established working groups to tackle each issue.

Sharing the learning:

- Needs a whole system approach not silos
- Integrated and collaborative approach to process and system re-working
- Use industry and technology where relevant and appropriate e.g. exploring the potential of pulmonary rehabilitation classes by Skype
- Don't wait for new technology to solve all the issues – start now!

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New developments

Total pathways: dementia

An exciting new approach bringing together patients, carers, health, social care, university and industry colleagues to describe the issues that affect the quality of dementia care and the lives of people living with dementia. KSS AHSN has created an online portal to share and debate issues from which a 'statement of need' will be developed. Collaboration across the community will contribute to tackling the issues. The service improvement components of the dementia programme enable coordinated spread and adoption of best practice and innovation, focused on consistently high quality care.

Total pathways: chronic obstructive pulmonary disease

With the UK having worse outcomes for respiratory disease than the rest of Europe and patchy implementation of total chronic obstructive pulmonary disease pathways in Kent, Surrey and Sussex, work to improve outcomes and reduce variation is much needed. For example, a recent poll asking if it is possible to reduce the 90-day readmission rate resulted in an overwhelming 94% saying yes. And there is evidence to show that up to 30% of patients are receiving home oxygen where it is clinically unnecessary. A cost to both commissioners and providers.

We are also working with Healthcare Quality Improvement Partnership (HQIP) to agree access to national COPD data. This preferred access, married with interest from the Royal College of Physicians and the Kent Surrey Sussex Respiratory Network now part of KSS AHSN, means we are well placed to bring new focus to this debilitating disease.

Acute pathways: acute kidney injury (AKI)

This new pathway follows a pilot by the EQR team that showed that patients with pneumonia and heart failure are more likely than others to develop AKI.

It was prompted by the report "Adding Insult to Injury" from the National Confidential Enquiry into Patient Outcomes and Deaths in 2010 that concluded that a significant minority of cases were avoidable. Our local analysis suggested that AKI is associated with 30% mortality at 30 days and a third of cases are most likely due to poor care.

The new pathway will improve early diagnosis and treatment to save lives. It aims to prevent the pain and distress of deterioration, reduce length of stay, admissions to intensive care and transfers to specialist renal units. Each a cost to patients and to the NHS.

In development – primary care

Heart failure: We have an opportunity to build on the work in East Sussex of Dr Richard Blakey, a GP with special interest in cardiology, to triangulate data about practices who may be struggling to diagnose and manage heart failure. Our plan is to develop a toolkit for commissioners.

Bone health: Another exciting area is our proposal for a whole system approach to enhancing the quality of care and life for patients at risk of osteoporosis, fractures and those who have already suffered a fractured neck of femur. Working across clinical commissioning groups, care homes, fracture liaison services, acute hospitals with the pharmaceutical industry, our aim is both primary and secondary prevention.

Why? Because fractured neck of femur is common in older people, is painful, expensive and can result in long term care in a residential or care home. We believe that approximately 40% of patients with a fractured neck of femur have had a previous fracture which puts them at risk of having further injury.

This programme is about prevention and our aim is to identify patients at risk by auditing GP practice, care home and acute hospital data so that tailored treatment plans can be developed. These will follow NICE technical assessment guidance and may include referral to falls services or to dietary support as well as medication.

In development – care homes

Medicine management, falls prevention, fluids and nutrition and pressure ulcers are all planned as part of a package designed specifically for care homes. This fits with our existing programmes of admissions avoidance and bone health pathways to identify residents at risk as early as possible. Clear protocols for exercise and healthy diets will promote well-being and independence, as well as reducing unwanted emergency hospital admissions.

Finding Keogh's winning cocktail is an achievement but not an end in itself. Maintaining the potency of the cocktail requires more than a numbers game or nice words. Far more important is clinical engagement in cultural change where practice is based on evidence. The twice-yearly changeover in junior doctors means ongoing education and persistence are as much vital ingredients as transparent data, benchmarking and commissioning for quality.

KSS AHSN's ambition is that EQR will ensure more than 400,000 patients benefit from reduced variation and associated higher quality care by 2018. For that, whole systems of industry innovators, university researchers, commissioners and providers of health and social care need to begin their journey towards faster take-up of proven pathways.

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