What can NHS Benchmarking do for you?

Dr Cliona Ni Bhrolchain, Community Paediatrician

Debbie Hibbert, Programme Manager, NHS Benchmarking Network

Aims of workshop

- To understand what information is available to help improve community paediatric service delivery
- To understand how your service compares to other services when benchmarked
- To benchmark against agreed standards (where available)
- To illustrate the type of data reported and how this can be used locally
- To review what data might be useful nationally and locally - discussion
Data on community paediatrics

What is the minimum?

- Referrals received
- Referrals accepted/appointments offered (criteria)
- No. of new patients seen
- Need/criteria for follow up
- Follow up ratio/no. of follow ups seen
- Types of appointments (length; particular activities/staff needed e.g. BP measurement for ADHD)
- Performance e.g. 18RTT/outcome/quality
- Finance e.g. income, cost, value for money

(More detailed information requirements in ‘Covering All Bases’ Main Report)
The benchmarking process

Debbie Hibbert

How to participate?

- Trust / Health Board must be a member
- Sign up for 'community services' on website
- Download the data collection form
- Work with your service manager / finance / HR to collect as many items as possible
- Enter your data online by the due date
- Clean your data when requested
- Access results by Christmas!
Benchmarking project process

1. Project initiation – scoping content
2. Data collection and validation (web & template)
3. Project outputs – reports, analytics, good practice
4. Next steps - Updated spec, good practice networking

Benchmarking analytics

Quality
Activity
Finance
Workforce
Accessing the members’ area
http://members.nhsbenchmarking.nhs.uk

- Accessing the members’ area can be done via http://members.nhsbenchmarking.nhs.uk
- Contact a member of the team for access.
- No limit to the number of users from an organisation.

PROJECT OVERVIEW

- All Network projects displayed on home page.
- The projects will be broken down into Sectors:
  - Acute
  - Commissioning
  - Community
  - Mental Health
  - NAIC
  - All Providers
- Information tab provides:
  - overview of each project
  - outputs produced.
  - Project timetable
  - Project Manager
- From the homepage users can sign up for projects, access data collection and view the outputs.
Project registration

- Once registration for a project opens the ‘Sign up for 2017’ button will appear
- Project lead identified
- Multiple submissions permitted

Submit data

- Data submitted online
- Can download excel spreadsheet to collect data internally prior to submission
- Data definitions for every metric (developed with the help of the Community Reference Group)
Access to project toolkit, reports, presentations and case studies

- Own position highlighted in red (if data supplied); other Trusts' data are anonymised (identifiable as a code; sharing facilitated by Network team)

- Bespoke reports available and sent to Project Lead

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How to use the benchmarking data locally – Dept 440’s 2016 findings

Dr Cliona Ni Brolchain
Community Services (provider)

2016 project participant map

- 73 different organisations took part, registering 103 submissions between them (over 1,000 services)
- Project covers 26 types of community services e.g. HV, School Nursing, DN, Specialist Nursing, Community Therapy, etc

Data on community paediatrics

What was available?

- Referrals received
- Referrals accepted/appointments offered (criteria)
- No. of new patients seen
- Need/criteria for follow up
- Follow up ratio/no. of follow ups seen
- Types of appointments (length; particular activities/staff needed e.g. BP measurement for ADHD)
- Performance e.g. 18RTT/outcome/quality
Access

- 440 has the longest waiting times to access services

DNA rate

- 440 also has one of the highest DNA rates in the sample
Productivity

- 440 has the highest number of face-to-face contacts per 100,000 population of all services benchmarked.

Clinical staffing

- In contrast to number of face-to-face contacts, 440 has one of the smaller numbers of clinical WTE staff per 100,000 population.
First and follow-up contacts

Further information sought!
Interpretation

- What other questions might you have?
- Why are there such long waits?
- What aspects might you tackle first?

Patient facing time

- An analysis of patient facing clinical time illustrates that 440 are spending slightly less patient facing time than average, but are still able to maintain more face-to-face contacts than other services when benchmarked.
Finance

- The project asks a number of questions to allow you to compare where your own organisation sits within the sample.
- Raw figures, such as budgets and expenditure, are standardised to allow a comparison against peers.

### Finance

<table>
<thead>
<tr>
<th>CS108</th>
<th>CS1168</th>
<th>CS141</th>
<th>CS456</th>
<th>CS127</th>
<th>CS126</th>
<th>CS138</th>
<th>CS166</th>
<th>CS126</th>
<th>CS142</th>
<th>CS129</th>
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<tbody>
<tr>
<td>Actual</td>
<td>Planned</td>
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<tr>
<td>Total cost per 100,000 population (£)</td>
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Benchmarking trends

Debbie Hibbert

Raising standards through sharing excellence
Demand – child CS

Total referrals per 100,000 pop

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetics - Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physio - Child</td>
<td></td>
<td></td>
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<tr>
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<td>SALT - Child</td>
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Waiting times (days)

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Caseloads and productivity – child CS

Caseload per clinical WTE(est)

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Face to face contacts per WTE (est)

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School Nursing

England and Wales
year on year & change

- Total pay cost per 100,000 population
- Clinical WTE per 100,000 population
- Face to face contacts per 100,000 population

CAMHS: Increase in waiting times

Maximum wait for a routine appointment

<table>
<thead>
<tr>
<th>Year</th>
<th>Waiting Time</th>
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<tbody>
<tr>
<td>2011/12</td>
<td>11 weeks</td>
</tr>
<tr>
<td>2012/13</td>
<td>11 weeks</td>
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<tr>
<td>2013/14</td>
<td>16 weeks</td>
</tr>
<tr>
<td>2014/15</td>
<td>26 weeks</td>
</tr>
<tr>
<td>2015/16</td>
<td>26 weeks</td>
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NHS Benchmarking Network
Take home messages & discussion

- As a member of the NHSBN, taking part helps your service / trusts / health board to:
  - Access timely comprehensive evidence to support national and local priorities
  - Identify performance improvement opportunities
  - Communicate transformation and change
  - Support contract negotiations
  - Share and learn from good practice of other members

- Do participate in the 2018 benchmarking cycle – more service participating = more robust findings and conclusions!!
Reserve slides

Workforce

- The project asks questions about your workforce to gain an insight into how your organisation fits within the broader average.
- The project also allows us to see the make-up of the workforce nationally.

(Note – not 440 shown; for illustrative purposes only)
Investment and staffing levels – child CS

<table>
<thead>
<tr>
<th>Service</th>
<th>Total pay cost per 100,000 pop £</th>
<th>Clinical wte per 100,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetics - Child</td>
<td>£1,200k</td>
<td>30</td>
</tr>
<tr>
<td>Health Visiting</td>
<td>£1,000k</td>
<td>25</td>
</tr>
<tr>
<td>Physio - Child</td>
<td>£800k</td>
<td>20</td>
</tr>
<tr>
<td>School Nursing</td>
<td>£600k</td>
<td>15</td>
</tr>
<tr>
<td>SALT - Child</td>
<td>£400k</td>
<td>10</td>
</tr>
</tbody>
</table>

2015 2016