

Enhanced Recovery and CQUIN The Wirral Way

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Wirral Peninsula



With

- One acute trust
- 62 GP practices
- Surrounded by water

- Sound evidence of ERP for colorectal surgery

- The desire to adopt other speciality pathways

Drivers for Wirral ERP

- Successful Colorectal implementation since 2007
- Quality and QIPP agenda
- Local engagement
- National programme support
- Local commissioning aim
- PPI and patient experience

Getting Buy in

- Modernisation teams
- Director of Commissioning support
- Acute trust support

- Presentation to PEC, gained GP support, June 2010

- Agreement to commission ERP pathways

ER Pathways in 4 Specialities

- Colorectal (Reversal/ Closure of Stoma in addition to all resection surgery)
- Gynaecology (Hysterectomy and Prolapse Repair)
- Urology (Cystectomy and Radical Prostatectomy)
- Orthopaedic (elective Primary Hip and Knee)
- Vascular (Aortic surgery and amputations)

Getting Started

- Commissioning intention via CQUIN shared with Wirral Hospital Trust
- ERP facilitator and Clinical Lead for ERP identified
- Lead clinicians for each speciality identified
- Meetings set up with individual specialities to include lead WUTH clinician, speciality anaesthetist, nursing staff, commissioner and GPs

Workshops

- Brief introduction from Commissioner
- CQUIN intention
- Standard documentation tailored to speciality
- GP engagement
- 2 pathways chosen by the teams
- Outcomes identified
- Gaps identified and action plans created
- Time lines for staged implementation agreed

Key Workshop Goals

In other words 'agreement'

- Standardisation of practice, pre, peri and post
- Agreement for protocols e.g. for anaesthesia and pain management
- Agreement re post operative rehabilitation
- Include patient/GP/ community nursing information leaflets
- Promote team participation across primary and secondary care

CQUIN Negotiation

- During contract negotiations CQUIN proposals are submitted for discussion
- PCT/Consortia make final decision on local CQUINs
- NHS Wirral agreed ERP CQUIN
- CQUIN formally developed with quarterly targets and agreed with WUTH
- Baseline for LOS and readmissions agreed and targets negotiated for each pathway.
- Percentage of incentivised monies agreed (375k)

Milestones for Measurement

- Collaborative approach required
- Use national reporting tool to provide evidence of compliance with 6 key ERP elements for every patient
- Reduction in LOS
- Reduction in readmissions
- Patient experience improvement

Reporting

Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Identify individual(s) responsible for reporting and analysing ERP data in line with national reporting tool by end of June 2011	Jul-11	1.00%
Implement Colorectal and Gynaecology pathways by the end of Q1	Jul-11	4.00%
Implement Orthopaedic, Urology and Vascular pathways by the end of Q2	Oct-11	4.00%
Identify baselines for Length of Stay (LOS) from 2010/11 and agree targets with commissioners for each ERP pathway by end of Q2 2011/12	Sep-11	1.00%
Achieve agreed LOS targets for each pathway by end of Q4	Apr-12	2.00%
	Total	12.00%

Activity

- 3 workshops which combined Acute Trust and community nursing teams.
- Development of ER Project Board - Chaired by Director of Nursing
- Significant amount of preparatory work for the 4 new specialities.
- Reporting for Colorectal and Gynaecology commenced July - small numbers yet
- Other pathways start reporting in October

Summary

- Commissioner involvement has enabled spread of ERP from the 1st initial speciality to widespread local adoption
- The contractual obligation has ensured ERP status as organisational priority with Executive support

Conclusion

- Commissioner and GP Consortia support vital to the process
- Clinician agreement and subsequent leadership crucial to ERP delivery
- More Wirral patients feeling the benefit of ERP