

A Case for Change in COPD Management

The impact of proactive care pathway redesign on spell utilisation and savings by Strategic Health Authority

SHA NAME	FORECAST	COPD SMR	COPD UTILISATION AS PROPORTION OF ALL SPELLS	HES BASELINE (2008-2009)	SPELLS 2010	SPELLS 2014	SPELL CHANGE (2010-2014)	TOTAL SAVINGS (2010-2014)	2014 SAVINGS/ POPULATION (1,000)	2014 SAVINGS/ 2008-9 SPEND	SPELLS 2020	SPELL CHANGE (2010-2020)	TOTAL SAVINGS (2010 - 2020)	2020 SAVINGS/ POPULATION (1,000)	2020 SAVINGS/ 2008-9 SPEND
North East SHA	Population-Based	138.7	1.8%	6,756	6,911	7,383	7%				7,947	15%			
North East SHA	Consensus Adoption	138.7	1.8%	6,756	6,662	6,535	-2%	£5,429,163	£664	12%	6,144	-8%	£22,750,580	£1,406	25%
North East SHA	Proactive Care Pathway Redesign	138.7	1.8%	6,756	6,426	4,284	-33%	£16,243,207	£2,387	42%	3,460	-46%	£63,468,530	£3,464	61%
North West SHA	Population-Based	125.6	1.5%	15,419	15,742	16,773	7%				17,925	14%			
North West SHA	Consensus Adoption	125.6	1.5%	15,419	15,174	14,838	-2%	£12,350,529	£565	11%	13,815	-9%	£51,705,483	£1,194	24%
North West SHA	Proactive Care Pathway Redesign	125.6	1.5%	15,419	14,649	9,645	-34%	£37,048,420	£2,046	41%	7,720	-47%	£144,645,519	£2,934	58%
Yorkshire and the Humber SHA	Population-Based	117.3	1.6%	11,366	11,680	12,597	8%				13,708	17%			
Yorkshire and the Humber SHA	Consensus Adoption	117.3	1.6%	11,366	11,258	11,145	-1%	£8,926,587	£540	11%	10,582	-6%	£37,746,042	£1,157	25%
Yorkshire and the Humber SHA	Proactive Care Pathway Redesign	117.3	1.6%	11,366	10,806	7,167	-34%	£27,634,098	£1,986	42%	5,768	-47%	£107,902,805	£2,912	62%
East Midlands SHA	Population-Based	95.9	1.2%	6,709	6,956	7,600	9%				8,435	21%			
East Midlands SHA	Consensus Adoption	95.9	1.2%	6,709	6,708	6,738	0%	£5,413,545	£386	12%	6,566	-2%	£23,025,038	£835	25%
East Midlands SHA	Proactive Care Pathway Redesign	95.9	1.2%	6,709	6,403	4,412	-31%	£16,915,650	£1,406	42%	3,646	-43%	£65,956,851	£2,118	64%
West Midlands SHA	Population-Based	101.3	1.2%	8,511	8,732	9,314	7%				10,041	15%			
West Midlands SHA	Consensus Adoption	101.3	1.2%	8,511	8,418	8,239	-2%	£6,849,576	£398	11%	7,750	-8%	£28,737,071	£845	24%
West Midlands SHA	Proactive Care Pathway Redesign	101.3	1.2%	8,511	8,091	5,358	-34%	£20,731,966	£1,441	40%	4,307	-47%	£80,721,138	£2,093	58%
East of England SHA	Population-Based	84.7	1.2%	7,633	7,936	8,726	10%				9,697	22%			
East of England SHA	Consensus Adoption	84.7	1.2%	7,633	7,653	7,739	1%	£6,265,598	£347	11%	7,546	-1%	£26,736,434	£753	25%
East of England SHA	Proactive Care Pathway Redesign	84.7	1.2%	7,633	7,286	5,030	-31%	£19,913,071	£1,274	42%	4,162	-43%	£77,136,128	£1,916	63%
London SHA	Population-Based	98.4	1.1%	9,867	9,988	10,515	5%				11,186	12%			
London SHA	Consensus Adoption	98.4	1.1%	9,867	9,626	9,289	-3%	£8,437,486	£345	10%	8,604	-11%	£35,042,033	£722	22%
London SHA	Proactive Care Pathway Redesign	98.4	1.1%	9,867	9,360	6,066	-35%	£24,261,254	£1,222	37%	4,798	-49%	£95,752,402	£1,758	53%
South East Coast SHA	Population-Based	85.5	1.1%	5,686	5,883	6,408	9%				7,039	20%			
South East Coast SHA	Consensus Adoption	85.5	1.1%	5,686	5,673	5,682	0%	£4,756,718	£349	11%	5,473	-4%	£20,143,136	£748	24%
South East Coast SHA	Proactive Care Pathway Redesign	85.5	1.1%	5,686	5,424	3,724	-31%	£14,738,081	£1,262	40%	3,070	-43%	£57,094,091	£1,875	60%
South Central SHA	Population-Based	85.4	1.0%	4,866	5,062	5,544	10%				6,161	22%			
South Central SHA	Consensus Adoption	85.4	1.0%	4,866	4,881	4,915	1%	£4,060,087	£317	11%	4,793	-2%	£17,293,640	£685	23%
South Central SHA	Proactive Care Pathway Redesign	85.4	1.0%	4,866	4,643	3,197	-31%	£12,836,977	£1,156	40%	2,640	-43%	£49,710,419	£1,741	60%
South West SHA	Population-Based	80.1	1.1%	7,342	7,596	8,245	9%				9,096	20%			
South West SHA	Consensus Adoption	80.1	1.1%	7,342	7,324	7,306	0%	£5,926,676	£359	11%	7,069	-3%	£25,111,352	£772	24%
South West SHA	Proactive Care Pathway Redesign	80.1	1.1%	7,342	7,001	4,783	-32%	£18,335,357	£1,301	40%	3,930	-44%	£71,405,548	£1,948	60%

Standardised Mortality Ratios (SMR) are included as a proxy measure of clinical quality. This measure is taken directly from the NHS Information Center, Copyright © 2010. Re-used with the permission of The Health and Social Care Information Centre. All rights reserved. Baseline figures for COPD utilization, are taken from the 2008-09 HES feed (the latest full year data set to be published). Sg2 understands that trusts will have access to more up-to-date data sources and we are happy to work with you to understand how individualised data sets influence the forecast output. COPD spells are defined as all admissions coded with HRGs D39 and D40.

Total savings are calculated by multiplying a) the number of spells that the model predicts could be avoided using each consensus and proactive care pathway remodeling strategies altering the care pathway, by b) 2008/09 Admitted Patient Care Mandatory Tariffs, HRGs D39, D40, adjusted for Market Force Factors. The model assumes all COPD spells are non-elective and thus the non-elective tariff and non-elective Market Force Factor-adjusted tariff is applied to all calculations, including spells with a LOS exceeding the HRG specific non-elective long stay trim-point.

Sg2 has calculated COPD savings due to reduced secondary utilization assuming that clinical dis-investment in secondary care is transferred to, and fully supports, primary care investments required to achieve care pathway re-design.