



NEW MODELS OF CARE IN PRACTICE

ACUTE CARE COLLABORATION

ROYAL FREE LONDON

Royal Free London is one of four foundation trusts developing a 'group model' – a new way of working across organisational boundaries to improve the quality of patient care, while also reducing the cost to the healthcare economy as a whole.

Royal Free London believes that improvements to patient health outcomes, a better patient experience, a more engaged and higher skilled workforce and cost improvements can be achieved by creating a group of hospitals which can operate on a larger scale.

Hospitals in the group develop common processes, governance and back office systems such as human resources. Each hospital within the group continues to function as a hospital unit and with support from the group centre.

The long-term ambition of the vanguard is to create a group which will eventually contain between ten and 15 NHS trusts and bring the benefits of the group structure to around five million patients.

Royal Free London's early work is focusing on standardising the most common patient pathways, so that we can reduce the largely unwarranted variation in care that many patients currently receive which will improve overall quality of care and reduce costs.

For example, a potential 10-20 per cent cost saving has been identified in treating patients with gallbladder disease. Implementing standardised ways of doing things across the group will also mean earlier interventions, which improves the experience for patients. These improvements are achieved through a rapid delivery of appropriate tests, eliminating repeat and unnecessary scans or tests and timely operations scheduled as day-case procedures, where possible.



KEY FACTS IN NUMBERS

- Early work on pathway standardisation, for example in gallbladder disease, suggests that a 10-20 per cent or more cost saving is possible.
- A standardised process for gallbladder treatment could reduce the cost of delivering specified parts of the service by around £500,000.
- A set of standardised pathology tests for patients visiting A&E with common symptoms is saving the Royal Free site approximately £8,000 per month.

For example, it is estimated that a more standardised process for gallbladder treatment could reduce the cost of delivering some parts of the service by around £500,000. These savings would be achieved through earlier use of definitive treatments, a reduction in post-operative follow up attendances, a reduction in trips to A&E and patients spending less time in hospital.

Royal Free London has also developed a set of standardised pathology tests for patients visiting A&E with common symptoms. This is improving patient experience by reducing unnecessary tests and making it easier for staff to order the correct tests.

The next step for Royal Free London is to develop the membership model for other organisations and continuing to develop at least 20 standardised clinical pathways in 2017/18.

Further information: To learn more about the work of the vanguards and the new care models programme visit www.england.nhs.uk/vanguards or join the conversation on Twitter using **#futureNHS**

