Exploring the GIRFT breast surgery data on Model Health System

Tuesday 11 October 2022
13:00 to 14:00

Welcome

Chloe Kastoryano
Relationship Lead
Improvement Products and Services
Model Health System

Housekeeping

NHS

Captions

To turn on live captions and subtitles, select **Captions**/**Subtitles On**
(CC button) in your video controls.

Questions

- To submit a **question**, please type into the Q&A box
- Please submit questions as you think of them

Recording

We will send the recording link to everyone who registered as soon as it's available

Zoom in

Hold down the Ctrl button and zoom in with your mouse

Agenda

13:00	Introduction and housekeeping	**Chloe Kastoryano** Relationship Lead Improvement Products and Services Model Health System
13:05	The value of using GIRFT's breast surgery data	**Chris Holcombe** President of ABS **Ruth Waters** President of BAPRAS
13:10	GIRFT breast data	**Tracey Irvine** Consultant Oncoplastic Breast Surgeon Senior Clinical Advisor GIRFT
13:15	Overview of Model Health System	**Madeleine Connolly** Deputy Director Clinical and Financial Information Getting It Right First Time (GIRFT) programme
13:25	Live demo of the data Overview of breast compartment Gateway metrics Never before seen data Finding capacity	**Tracey Irvine**
13:45	Q&A	**All**
13:55	Support and close	**Chloe Kastoryano**

The value of using GIRFT's breast surgery data

Chris Holcombe
President of ABS

Ruth Waters
President of BAPRAS

GIRFT breast data

Tracey Irvine
Consultant Oncoplastic Breast Surgeon
Senior Clinical Advisor GIRFT

Getting It Right First Time (GIRFT), NHS England

'GIRFT is a national programme,
led by 'frontline' clinicians,
to improve the quality of NHS care
by identifying and reducing unwarranted
variations in service and practice'

GIRFT breast scope

- Totality of breast surgery service for the first time
  - Every breast operation regardless of surgeon
  - Benign and malignant, reconstruction, oncoplastic, small volume procedures

- Uses HES data
  - Will ultimately feed into the NCIP and model health system

Breast GIRFT programme

- 114-page document – Trust level data
- All data 'equations' written by us and produced by Dr Foster
- Collaboration - ABS, BAPRAS, NCRAS, NHSBSP, implant/flap registries….
- Two hour visit with Trust clinical and managerial teams
  - Explore reasons for variation
  - Agree recommendations
  - **Share good practice**
- **129 visits complete – report published September 2021**

Common themes from visits

- Data generally sense checked
- Oncoplastic procedures poorly captured in coding
- Coding poor – general surgery/ethnicity
- All sites had areas of good practice and areas that could be improved
- Most issues we identified were known
- Engagement with process across the board
- Pleased to see whole data set – 'we've been asking for this'

'Tracey - how can I find my data??'

- Each Trust GIRFT lead, and medical director has been sent the data pack

- Department lead – clinical lead and or specialty manager has:
  - Annotated PDF data pack
  - Power point presentation with key metrics
  - Word document – visit report with summary of areas of good practice and areas for improvement and recommendations

- Each Trust has a GIRFT implementation manager

- GIRFT Breast National Report widely available….

Example of trust level data

Metric	Source and Period	Breast excision*	Mx	Mx + immediate reconstruction†		
				Implant	Implant + flap	Autologous
Number of admissions	**HES Apr 2014 - Mar 2017**	**492**	**174**	**22**	**20**	**6**
All-cause emergency readmissions						
All-cause emergency readmission <=30 days post-procedure	HES Apr 2014 - Mar 2017	2.86%	4.02%	13.64%	20.00%	NA
All-cause emergency readmission <=90 days post-procedure	HES Apr 2014 - Mar 2017	3.47%	5.17%	13.64%	20.00%	NA
Complications‡						
Complication during operation admission or <=30 days post-procedure	HES Apr 2014 - Mar 2017	2.24%	5.75%	9.09%	15.00%	NA
Complication during operation admission or <=90 days post-procedure	HES Apr 2014 - Mar 2017	3.86%	9.77%	13.64%	20.00%	NA
Haematoma during operation admission or <=30 days post-procedure	HES Apr 2014 - Mar 2017	1.42%	4.60%	0.00%	0.00%	NA

Example of power point summary data

Breast reconstruction Admissions Fig 6.2/9.2/10.2	Your Trust	English Average	National position
Total reconstructions (fig 9.2) Risk reduction Cancer	N=428 20.8% 74.2%	N=162 15.1% 77.7%	 105/129 75/129
Immediate (6.2/9.2) Recon rate (any diagnosis) Recon rate (cancer only) Bilateral	N= 356 (83%) 48% 42% 27.5%	N=131 (81%) 35% 26% 26.4%	N/A N/A 19/132 (fig 5.6) 94/129 (fig 9.1)
Delayed (fig 10.2) (Mx may be any trust) Bilateral	N= 72 (17%) 5.6%	N=31 (19%) 10.3%	 40/126 (10.1)

NWR

GIRFT
GETTING IT RIGHT FIRST TIME

Breast Surgery
GIRFT Programme National Specialty Report

by **Fiona MacNeill,** Clinical Lead
and **Tracey Irvine,** Senior Clinical Advisor

February 2021

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust, NHS England and NHS Improvement

National Report

Recommendations

Recommendation	Actions	Owners	Timescale
3. Reduce unnecessary outpatient attendances for follow-up.	**a** Trusts to complete or implement the introduction of personalised stratified follow-up.	Trusts / commissioners	For completion within 12 months of publication of the GIRFT report
	b All trusts to have robust, up-to-date and highly digital Remote Monitoring Systems for patients on a personalised stratified follow-up pathway with 'call and recall' and 'right-results' systems or capabilities.	Trusts	For completion within 12 months of publication of the GIRFT report
4. Ensure that no breast surgery patients stay in hospital longer than is medically necessary.	**a** Increase day surgery rates for key index procedures to meet or exceed BADS target of 95% for simple breast excision and 75% for both oncoplastic excisions and mastectomy.	Trusts	For completion within 12 months of publication of the GIRFT report
	b Reduce median* and long length of inpatient stay for breast reconstruction by, for example, introducing enhanced recovery programmes with the aim of enabling patients to return home sooner. *In regard to implant-based reconstruction, the GIRFT benchmark is a median of two days, with less than 20% of patients at three days or more. In regard to free flap reconstruction, the GIRFT benchmark median is six days, with less than 20% of patients staying seven or more days.*	Trusts	For completion within 12 months of publication of the GIRFT report
	c Trusts to consider day case surgery for selected patients undergoing mastectomy and implant-based reconstruction, if deemed appropriate for the patient.	Trusts	For completion within 12 months of publication of the GIRFT report
Core Recommendation **5.** Ensure equity of access to: • oncoplastic surgery to support safe breast conservation; and • breast reconstruction, with the aim of reducing variations in immediate reconstruction rates and variable access to free flap econstruction techniques. (Breast MDTs should have a link to a plastic surgeon).	**a** Establish oncoplastic MDTs in every breast and plastic surgery unit (virtual/real).	Trusts / commissioners	For immediate action
	b MDTs to support breast conservation regardless of age whenever safe and desirable. They could for example consider using: • primary systemic therapies to support conservation when clinically indicated. • oncoplastic breast conservation when appropriate. Where access is not available on site, alternative providers must be offered through oncoplastic networks.	Trusts	For immediate action
	c Trusts to provide access to all index methods of reconstruction, (following NICE guideline NG101) and outsourcing reconstruction where necessary.	Trusts	For immediate action
	d ICS/STPs to work with oncoplastic MDTs to examine facilitators and barriers to immediate reconstruction and free flap reconstruction.	ICS/STPs	For immediate action
	e ICS/STPs to conduct needs assessments and plan capacity between breast and local plastic surgery units with the aim of: • achieving an immediate breast reconstruction rate of 25% (GIRFT national rate), whether performed onsite and/or outsourced • ensuring at least 30% (GIRFT national rate) of immediate breast reconstructions are free flap.	ICS/STPs	For immediate action

Why this work is important…

Immediate reconstruction rates in cancer patients undergoing mastectomy as their first surgery by CCG
Apr 2015 - Mar 2018

Breast unit with NO Trust-based free flap service
Breast unit with Trust-based free flap service
Stand-alone plastics trust

% of Mx with immediate reconstruction
2.81%   56.07%

Source: HES
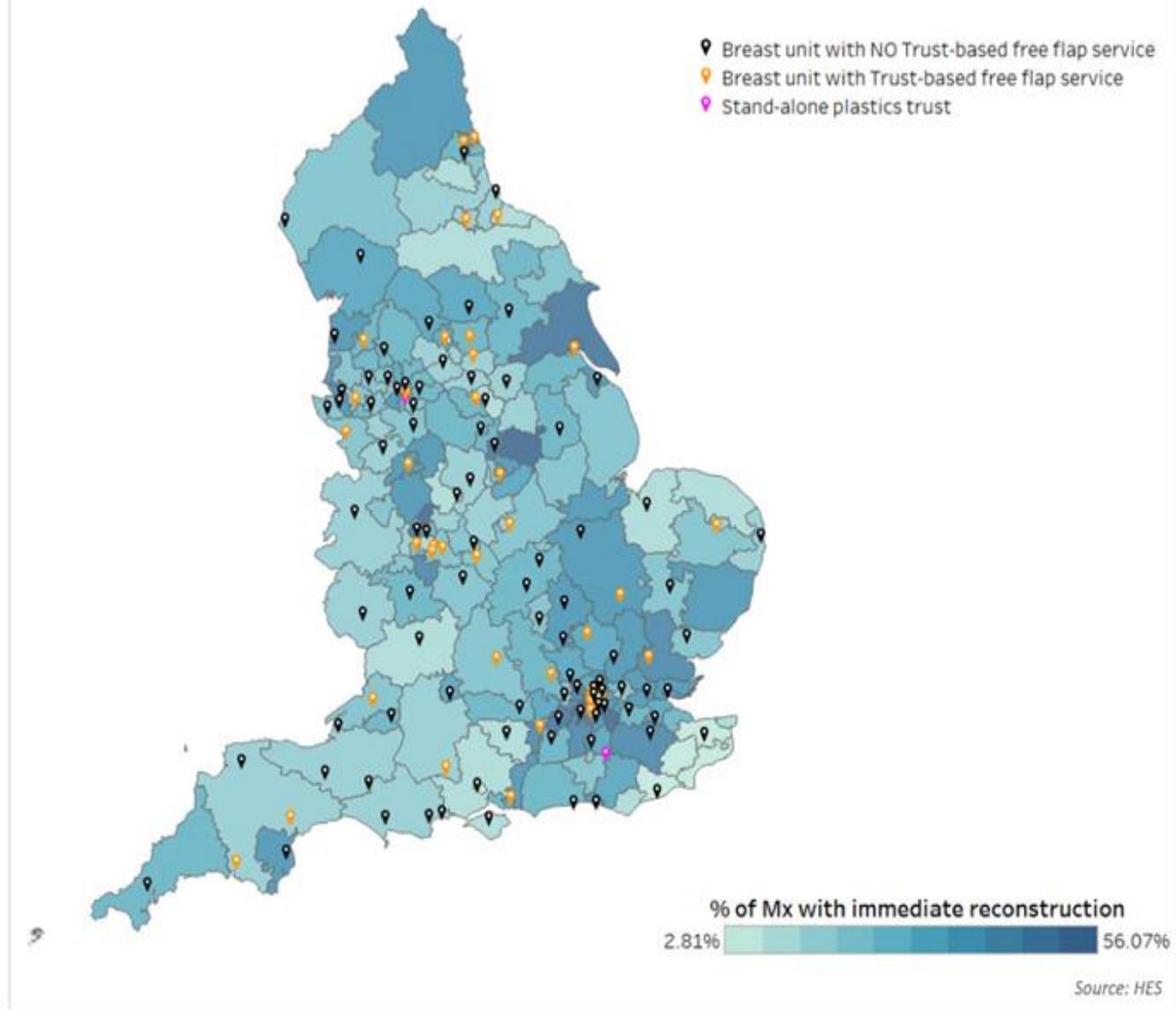
Transition onto Model Health System

- First specialty to use new NHSE Data warehousing platform

- Can only put single line metrics on…

- Have around 100 metrics live – only seen by me first time 2 weeks ago!!

- Second phase coming with rest of current metrics….

- New oncoplastic/flap reconstruction codes coming for April 2023 – so we will update these recipes to give greater detail.

Overview of Model Health System

Madeleine Connolly
Deputy Director Clinical and Financial Information
Getting It Right First Time (GIRFT) programme

What is the Model Health System?
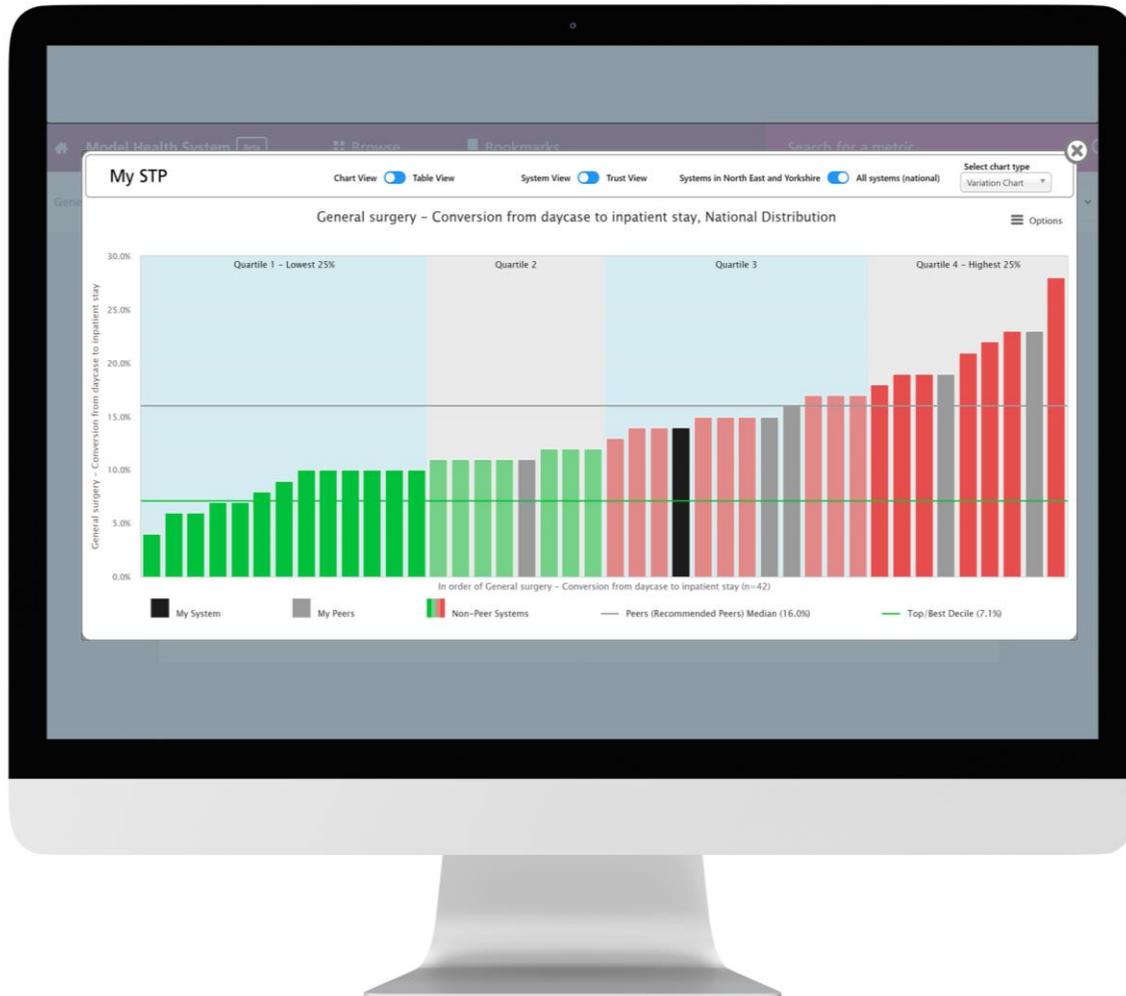
- A free **data-driven** improvement tool with data on activity, theatre productivity, diagnostics, workforce and medicines optimisation and more

- Supports health and care systems to improve patient outcomes and population health

- **Benchmarked** data and insights into quality of care, productivity and organisational culture for all NHS providers and systems

- Identify **opportunities for improvement**

- Can be used by all NHS commissioners and providers in England – from board to ward

Supporting systems with data and insights

NHS

The Model Health System is a data-driven improvement tool that supports improvements to patient outcomes and population health

- Benchmarked data across specialties, providers and systems is available to all systems within the Model Health System

- Clinical improvement data, reflecting the GIRFT and RightCare programmes are all provided with the Model Health System and routinely updated.

- 'Opportunities for improvement' are highlighted at system and provider level, in addition to highlighted metrics and measures

- Activity data, theatre productivity, diagnostics, workforce and medicines optimisation info are all provided

- The Model Health System will continue to iterate and reflect user-feedback regarding what's required to support systems through recovery and the Pathway Improvement Programme

- Register and log in at https://model.nhs.uk
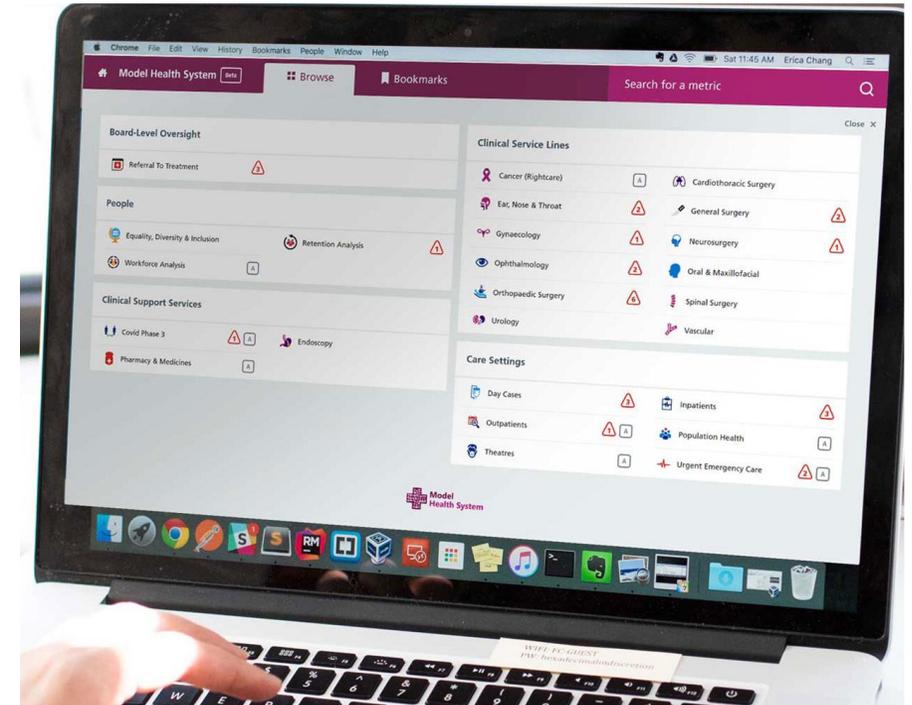
Explore your system's Quadruple Aims, Productivity and Clinical Improvement

Opportunities for improvement

'Opportunities for improvement' to support systems across all specialties

Opportunities for improvement are presented at system level with a primary focus on identifying potential **capacity gains** rather than financial £m values

Highlighted metrics

NHS
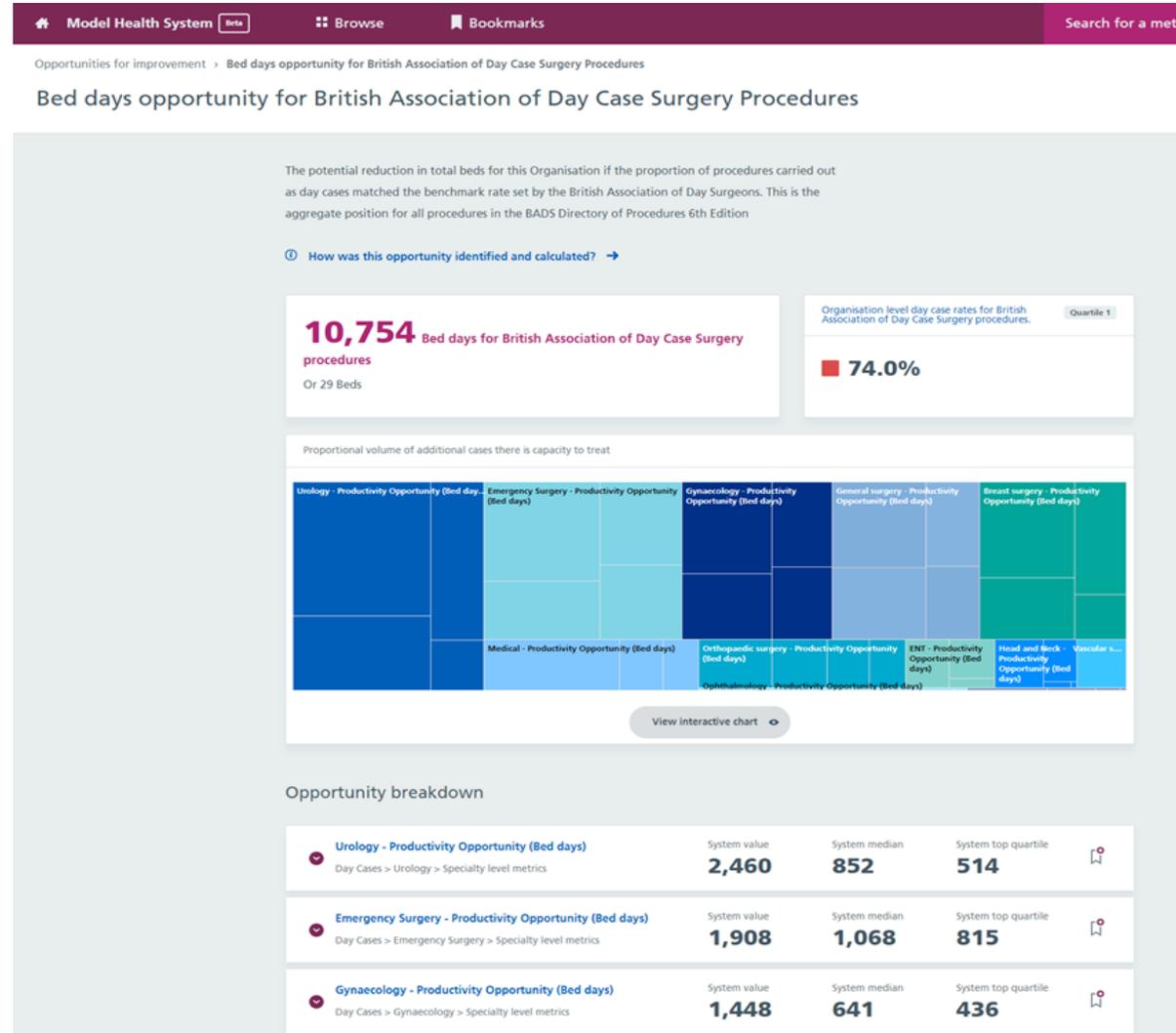
Highlighted metrics
Individual metrics which may need attention.

Respiratory - Rightcare > All Respiratory ⚠
Problems of the Respiratory System (PBC 11) - Non-elective - Difference in bed day rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **449**   ⓘ

Population Health > Non-elective inpatient admissions ⚠
Neurological Problems (PBC 07) - Non-elective - Difference in bed day rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **527**   ⓘ

Population Health > Non-elective inpatient admissions ⚠
Problems of Circulation (PBC 10) - Non-elective - Difference in bed day rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **491**   ⓘ

Population Health > Non-elective inpatient admissions ⚠
Problems of the Genitourinary system (PBC 17) - Non-elective - Difference in bed day rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **687**   ⓘ

Respiratory - Rightcare > Flu & Pneumonia ⚠
Seasonal Flu vaccine - Percentage of at risk - 6 months to under 65 years between dates reported
View provider values   📅 Feb 2020
🟥 **42.7%**   ⓘ

Pathway Improvement Programme > Productivity ⚠
Average number of pre-operative outpatient appointments attended per patient within a year before a simple cataract procedure
View provider values   📅 Nov 2021
🟥 **1.7**   ⓘ

Cancer (Rightcare) > Lung ⚠
Cancer detection - Percentage of lung cancer detected at stage 1 or 2
View provider values   📅 2018
🟥 **23.8%**   ⓘ

Respiratory - Rightcare > All Respiratory ⚠
Problems of the Respiratory System (PBC 11) - Non-elective - Difference in tariff weighted activity rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **£3,569**   ⓘ

Population Health > Non-elective inpatient admissions ⚠
Problems of the Gastro-intestinal system (PBC 13) - Non-elective - Difference in bed day rate (12 months to quarter end)
View provider values   📅 Q3 2021/22
🟥 **447**   ⓘ

'Browse' to find all your system's content

Individual compartments with a range of metrics

Score card view

Breast Surgery › | More ⌄

GIRFT Summary (Gateway) Metrics [Alpha]

GIRFT is a national programme focusing on reducing unwarranted variation. This compartment contains key clinical metrics to provide a specialty overview.

Key metrics (GIRFT benchmarked)	Data period	System value	Peer median	System median	Chart	Actions
Percentage breast excisions that are for patients with benign disease (12mths to qtr end)	Q1 2022/23	🟩 22.1%	21.5%	24.1%		
Percentage of mastectomies that are immediate reconstruction (12mths to qtr end)	Q1 2022/23	🟦 15.4%	23.0%	24.9%		
Percentage of mastectomies with immediate implant reconstructions with implant removal on same breast within 1 year (12mths to qtr end)	Q1 2021/22	🟥 9.1%	9.1%	6.2%		
Percentage of all immediate reconstructions that are autologous (12mths to qtr end)	Q1 2022/23	🟥 18.6%	3.1%	21.6%		

| Key metrics (National median)	Data period	System value	Peer median	System median	Chart	Actions
Reoperation (re-excision or mastectomy) on same breast within 1 years following breast excision for cancer (12mths to qtr end)	Q1 2021/22	🟥 25.3%	25.1%	23.1%		
Reoperation (re-excision or mastectomy) on same breast within 1 years following oncoplastic excision (12mths to qtr end)	Q1 2021/22	🟥 26.7%	26.7%	21.9%		
Average number of outpatient attendances (within 5 years) following a oncoplastic excision within breast surgery, plastic surgery or general surgery specialties (12mths to qtr end)	Q1 2017/18	🟥 12.1	9.9	11.5		
Mean length of stay for mastectomy with implant only reconstruction (12mths to qtr end)	Q1 2022/23	🟥 1.5	0.6	1.2		
Emergency readmission rate (within 30 days) following a mastectomy with immediate implant only reconstruction (12mths to qtr end)	Q1 2022/23	🟩 3.7%	3.7%	5.4%		
Mean length of stay for mastectomy with immediate autologous only reconstruction (12mths to qtr end)	Q1 2022/23	🟩 4.3	3.3	4.3		
Emergency readmission rate (within 30 days) following a mastectomy with immediate autologous only reconstruction (12mths to qtr end)	Q1 2022/23	🟥 12.5%	11.1%	9.3%		
Average number of subsequent operations on patient > 90 days and < 5 years post first delayed reconstruction of breast (12mths to qtr end)	Q1 2017/18	🟩 1.0	1.0	1.0		
Average number of outpatient attendances (within 5 years) following a mastectomy with immediate autologous only reconstruction within breast surgery, plastic surgery or general surgery specialties (12mths to qtr end)	Q1 2017/18	🟩 12.9	14.1	16.3		

Each metric has benchmarking information, metadata on the data source and methodology, and help on interpreting the data
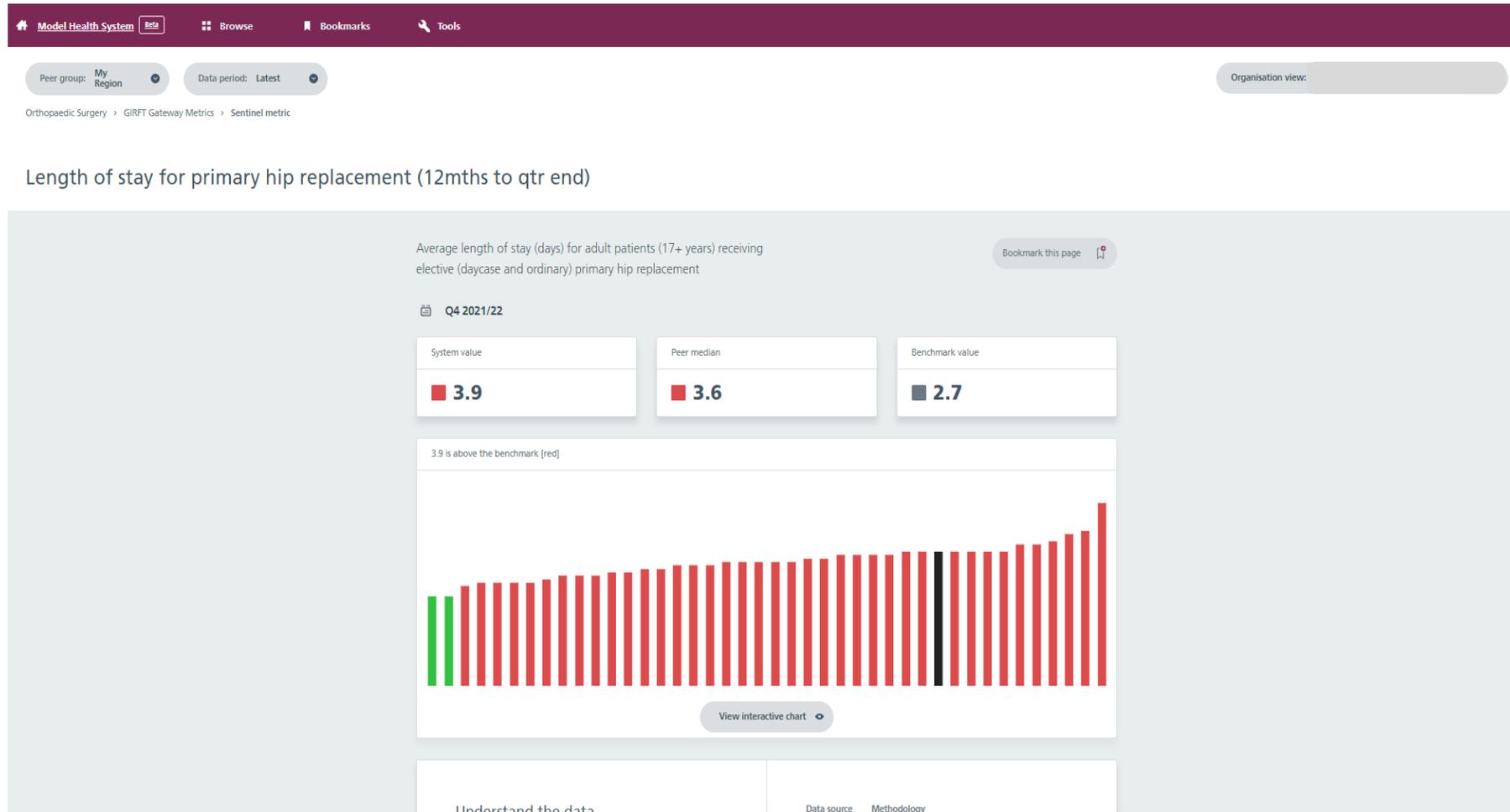
Interactive charts: benchmark, review metrics over time and drill-down from system to provider level

Interactive charts: benchmark, review metrics over time and drill-down from system to provider level
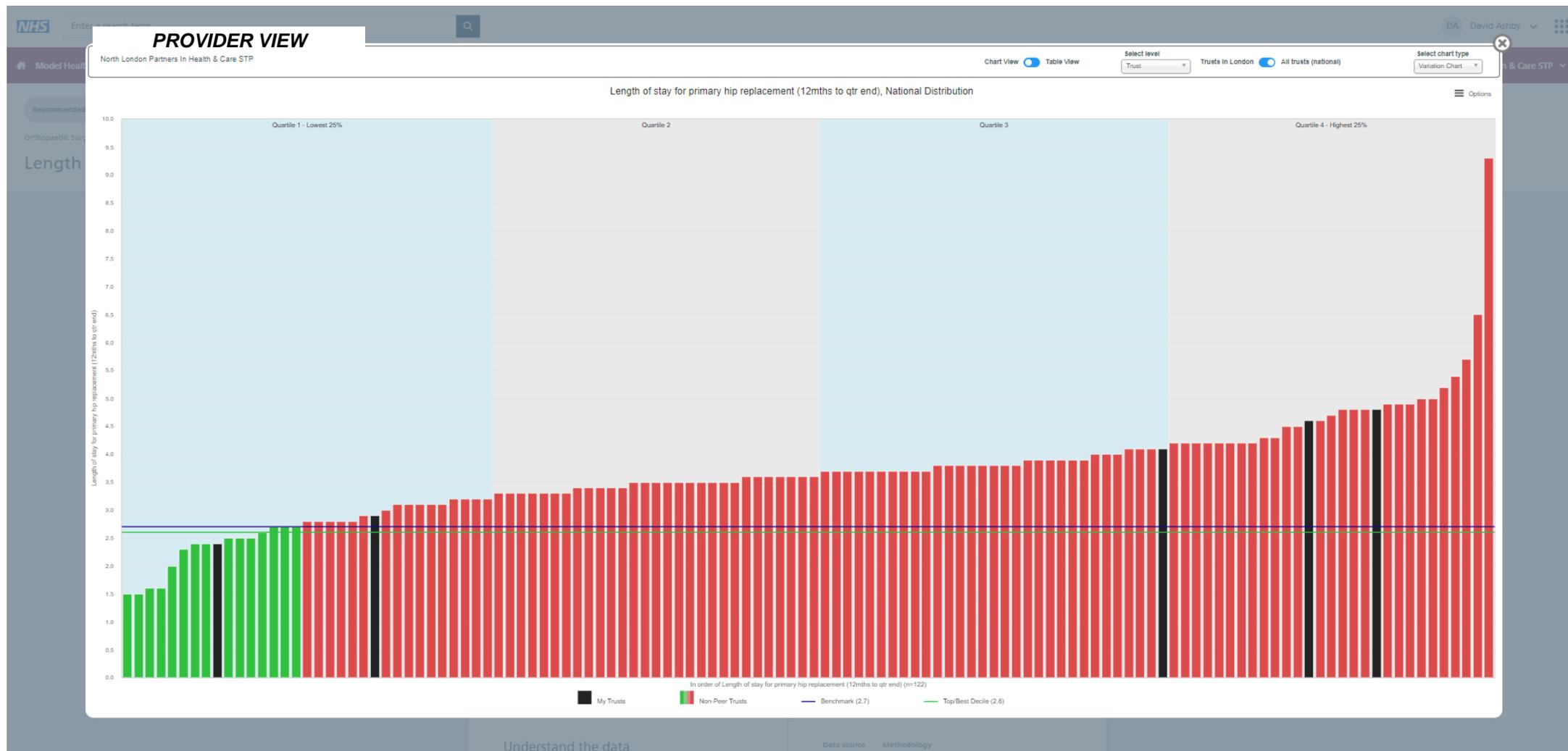
Managing your peers

- A recommended peer list is used in Model Health System based on the trusts or systems most similar to yours, in terms of factors that determine your productivity (cost per WAU)

- You can also create your own peer group using the function below

Live demo of the data

Tracey Irvine
Consultant Oncoplastic Breast Surgeon
Senior Clinical Advisor GIRFT

Finding capacity in your MH data

Key GIRFT recommendations for 'post covid' recovery

- Limit unnecessary hospital attendances

- Minimise unnecessary interventions

- Improve clinical coding and data capture

- https://associationofbreastsurgery.org.uk/media/466756/girft-breast-surgery-report-recommendations.pdf

Limit unnecessary hospital attendances

- R1 – new breast referrals – we hear you!
  - Outpatient data on MH
  - Work in place re referrals with FDS guidance and ABS breast pain project

- R3 Minimise Hospital attendances
  - National guidance on patient initiated follow up
  - 1 and 5 year follow up data available for all procedures

Limit unnecessary hospital attendances

- R4 Minimise hospital stay
  - All BADS targets are gateway metrics
  - BADs metrics on Model Hospital already – only if booked as day case
  - LOS data available for all procedures

- R6
  - Reduce unplanned admission to theatre
  - Working on code for 'take backs'

Minimise unnecessary interventions

- R5 Access to oncoplastic surgery
  - Separate oncoplastic data for first time
  - New oncoplastic codes and breast surgery coding guidance coming for April 2023
  - Use of neo adjuvant therapies with ABS NACT guidance
    - So reduce unnecessary mastectomy +/- recon
  - Free flap working group

- R8 No more surgery than is necessary
  - Attention to margins (also NABCOP)
  - Minimise unnecessary benign surgery
 - Data on MH will look at revisions

Improve clinical coding and data capture

- R 11 Improve data capture on HES
  - Coding working group with GIRFT and ABS
  - New codes coming
  - Guidance and standardisation coming…

- Improve data capture in BCIR and UKNFR
  - BCIR group and ongoing project with GIRFT and ABS/BAPRAS
  - Request for site specific UKNFR reports
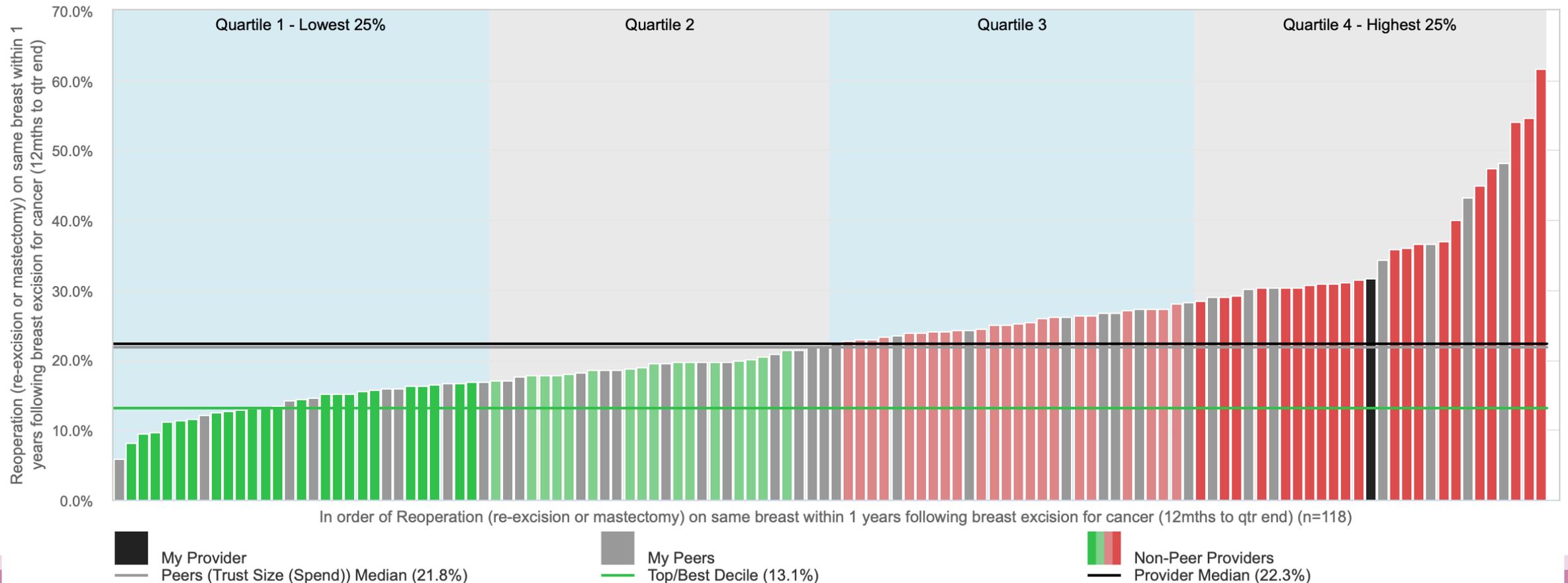
Capacity – why do we do so much benign surgery???

Percentage breast excisions that are for patients with malignant disease (12mths to qtr end), National Distribution
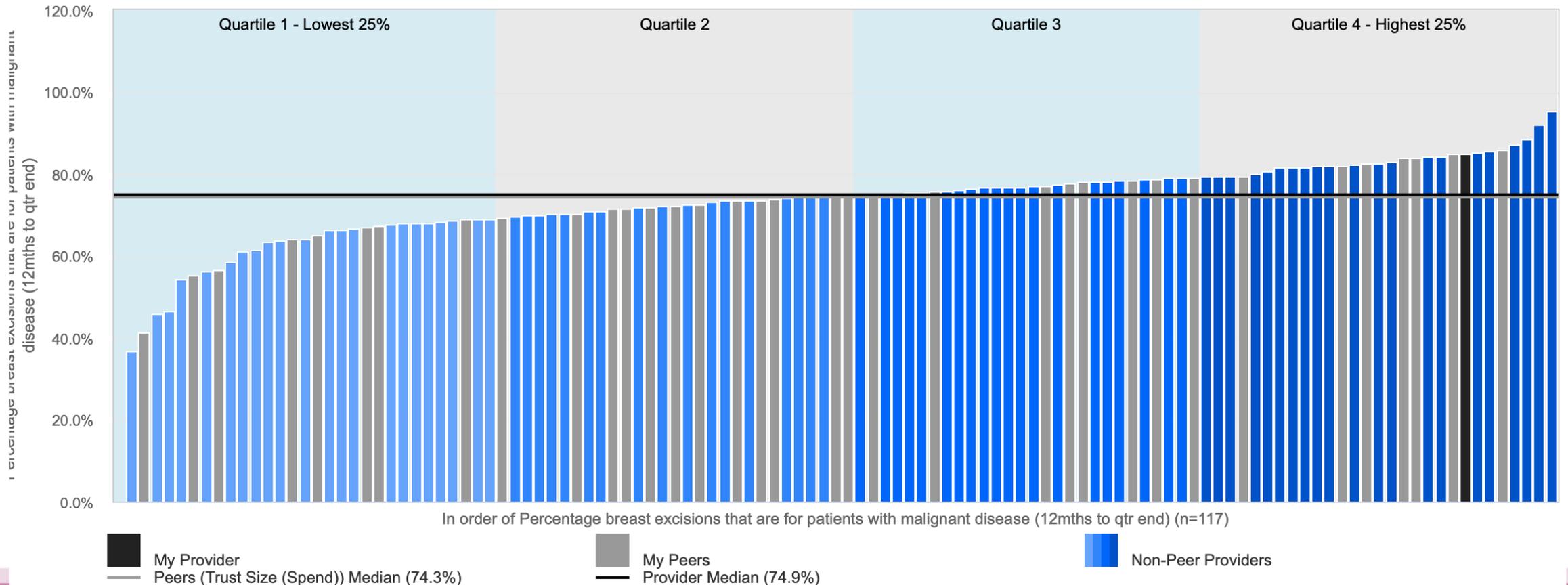
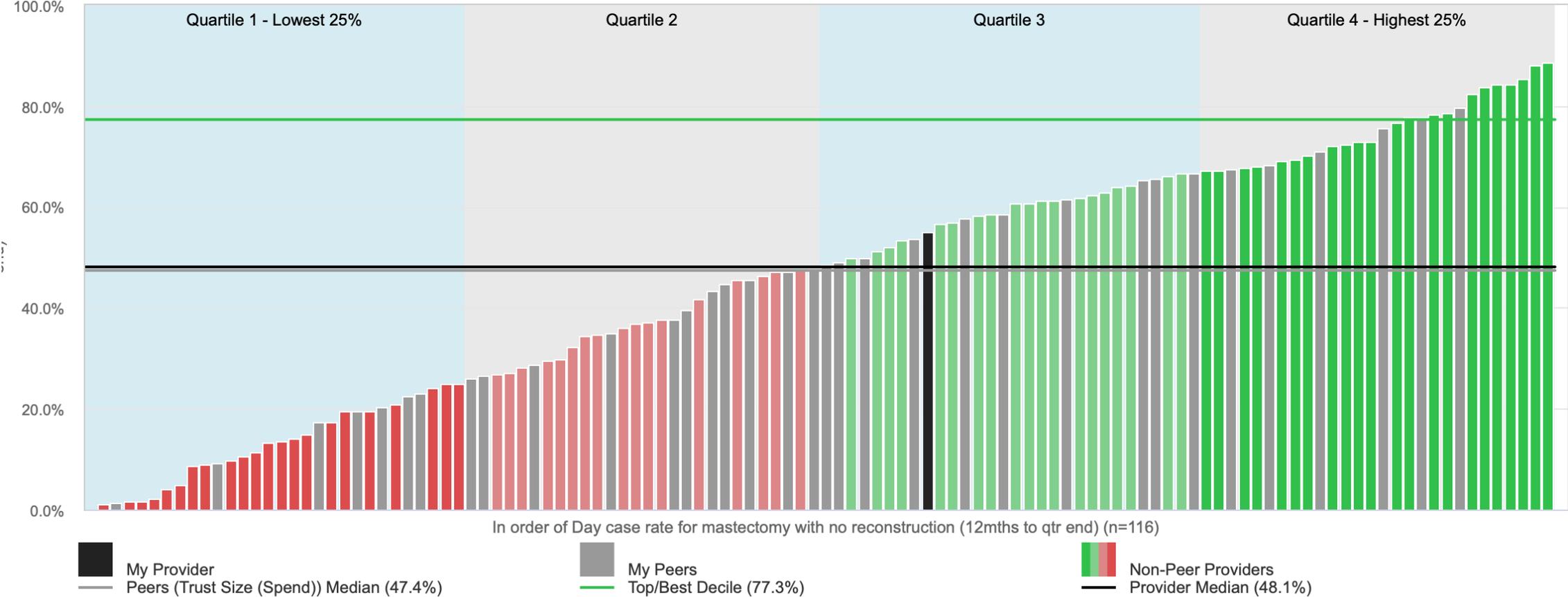# Capacity – can we improve our re-operation rates??

Reoperation (re-excision or mastectomy) on same breast within 1 years following breast excision for cancer (12mths to qtr end), National Distribution

Capacity – I think this is a massive opportunity

Day case rate for mastectomy with no reconstruction (12mths to qtr end), National Distribution

Capacity – We need to learn from each other!

Average number of outpatient attendances (within 5 years) following a mastectomy with no reconstruction within breast surgery, plastic surgery or general surgery specialties (12mths to qtr end), National Distribution
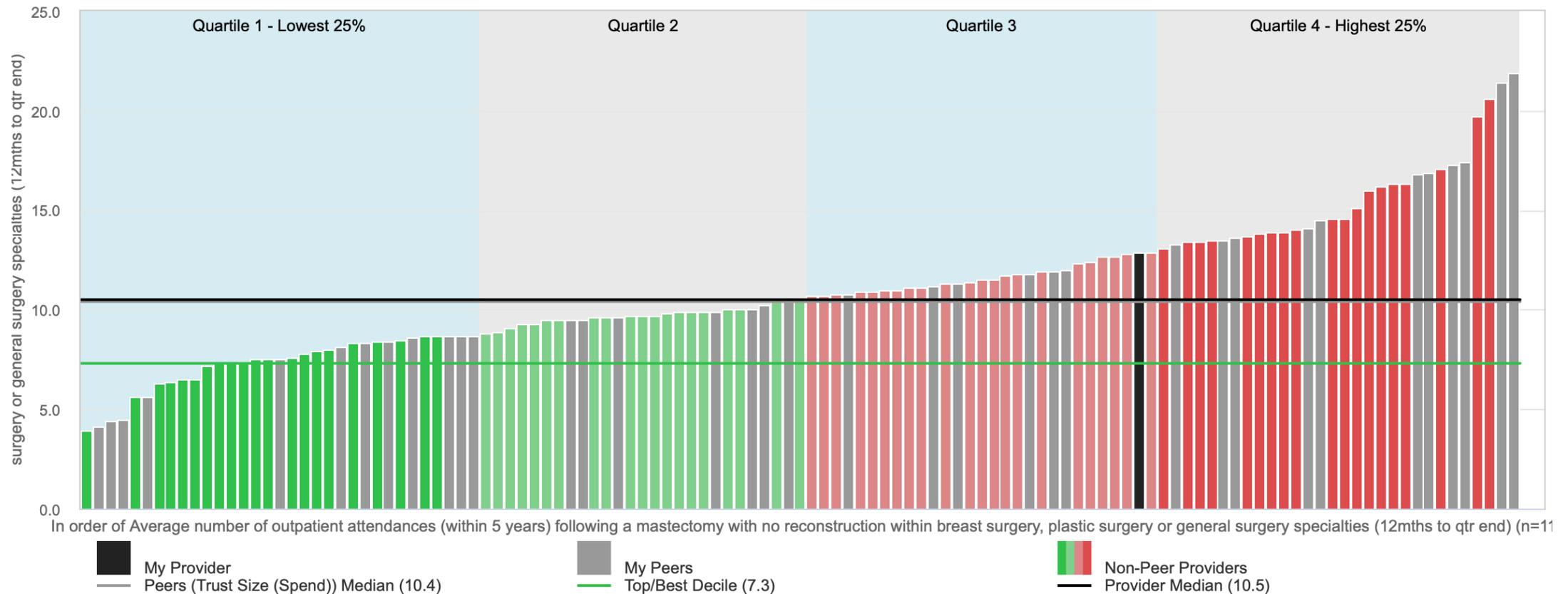
This is an amazing resource we can use to improve patient care
ENJOY!!!

Thank you for your engagement with this project!!

Question time

Acknowledgements

- Miss Fiona MacNeill
- Dr Foster - Georgia Fox, Dany Gammall and Gareth Jones
- ABS and BAPRAS
- Collaborators
  - PHE Breast Screening Department
  - National Cancer Registration and Analysis Service
  - NABCOP
  - The UK National Flap Registry, Miss Anita Hazari
  - Breast and Cosmetic Implant Registry, NHS Digital
- Rachel O'Connell, Neill Patani and John Machin for the litigation data
- GIRFT team – Project managers, analysts and of course Tim Briggs

Support and close

Chloe Kastoryano
Customer Relationship Lead
Improvement Products and Services

How you can get involved

Register at
model.nhs.uk

FutureNHS
future.nhs.uk/ModelHealthNetwork

Support videos
model.nhs.uk/videos

Contact us
help@model.nhs.uk

Twitter:
@ModelNHS
#modelhealthsystem

GIRFT
GETTING IT RIGHT FIRST TIME

Website: www.gettingitrightfirsttime.co.uk

FutureNHS: future.nhs.uk/GIRFTNational/groupHome

Contact us: info@gettingitrightfirsttime.co.uk

For data queries: traceyirvine1@nhs.net

Twitter: @NHSGIRFT #girft

Model Ambassador network
- Thriving network of expert users
- Two per trust
- Contact your ambassador for support here

Website: www.gettingitrightfirsttime.co.uk (click 'Reports' to find the GIRFT national report for breast surgery)

Upcoming webinars

NHS

We'll be hosting a series of webinars over the coming months, including sessions for new users, informal drop-in sessions and deep dives into data across different specialties.

October
13 – Introduction to Model Health System
20 – Coffee with Model Health System team
25 – Introduction to Model Health System
27 – Focus on blood transfusion data on Model Health System

To hear about these first via emails and newsletters, please contact help@model.nhs.uk - we'll add you to our mailing list.

linktr.ee/modelhealthsystem

Follow this code to see what else is coming up