# Clinical Utilisation Review

## The Context

**IHS** has significant expertise in leading the development and implementation of **innovative, evidence-based approaches** to implement service change and support **best practice in the NHS**. Our approaches and tools specifically focus on **ensuring the right care is delivered in the right place, at the right time and for the right length of time**. The alignment and coordination of transfer of care between health and social care settings, while supporting communication and decision-making at all levels, is critical to address the unprecedented challenges facing the NHS.

## The Programme

IHS was commissioned initially in 2014/15 to introduce Clinical Utilisation Review to the NHS **on** behalf of NHSE Specialised Commissioning. Following success of this pilot, IHS were commissioned to lead a large national £23m CQUIN programme to expand CUR use, working across 10 local commissioning hubs and supporting up to 30 NHS acute and mental health providers. This commission ran for a further 5 years until 20/21 and the start of the Covid-19 pandemic.

CUR is a clinical decision support tool that helps reduce unwarranted clinical variation by codifying, measuring, and managing clinical behaviors against embedded clinical criteria; ensuring patients are cared for in the optimal setting that best meets their needs. It enables coordination of care provision based on the actual acuity of patients.

## Our Approach and Methodology

Using a 'systems thinking approach' we developed a national CQUIN strategy, CUR minimum data-set and reporting dashboard to demonstrate analysis of CUR data; ensuring NHS Providers were achieving their benefits realisation target - reducing the non-qualified rates of patients occupying an in-patient bed, that could be managed in an alternative level of care.

This was underpinned by system-wide transformational change programmes informed by CUR data which we used to identify themes for service improvement, tailored to individual Trusts and health economies, resulting in improvements in patient outcomes and costs.

We developed a national CUR benefits calculator incorporating all NHS acute providers and commissioning organisations, using SUS data. This enabled organisations to determine the potential benefits from implementing CUR on a real-time basis and identified the potential saving opportunities and bed reductions that could be possible by rebalancing health and social care systems.

The benefits and learning were extrapolated through the National CUR Learning Network. Qualitative benefits and examples of service transformation were evidenced in a CUR Transformation Directory, available on the NHSE CUR extranet.

## The Impact

We were able to evidence from the monthly CUR MDS and reporting dashboard, the significant quantitative and qualitative benefits delivered though the national CUR programme. Over 3.1m CUR assessments had been undertaken and resulting in a significant reduction in the number of non-qualified assessments from over *40% or 4 in 10 bed days in 2016/17 to 28% or 2.8 in 10 bed days* in 19/20.

We demonstrated the majority of reasons **(60%)** for criteria not being met in University Teaching Hospitals (including specialised and non-specialised beds) were due to **internal delays**, within the control of NHS Trusts.

Our analysis of the estimated recurrent financial savings for providers and commissioners relating to the reduction in excess bed-days equated to over £15m savings during 2019/20. We were also able to demonstrate the impact of CUR on the following areas by Trusts that were targeting delays:-

- **reductions in inappropriate length of stay (LOS)**
- **increase in daily discharges**
- **reductions in internal waits** such as diagnostics and physiotherapy / occupational services
- **financial and workforce savings arising from service re-design**
- **clinical pathway redesign** for example day of surgery admissions
- **financial and workforce savings** arising from service re-design
- Supporting urgent care via the **identification of patients that should not have been admitted**
- Supporting a system-**wide approach to major incidents and winter planning**
- Identification of commissioning priorities to address non-qualified patients

## Conclusion

We demonstrated that CUR undoubtedly supports NHS Providers to **improve patient flow,** identifying patients who should never have been admitted and demonstrating whether patients are clinically appropriate for the level of care they are receiving**.** CUR **reduced the number of non-qualified bed days** which had a demonstrable positive **impact on patient quality** and the **realisation of savings for both providers and commissioners.**

This supported delivery of elements of the NHS Long-term Plan by cutting delays in patients being able to go home; supporting delivery of cash releasing productivity growth; reducing pressure on emergency and continuing care services; and providing evidence to support out of hospital care with patients managed in the most appropriate care setting.